



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE  
CELTIC INSURANCE COMPANY

(Name)

NAIC Group Code 1295 (Current Period) , 1295 (Prior Period) NAIC Company Code 80799 Employer's ID Number 06-0641618

Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ X ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 05/03/1949 Commenced Business 01/20/1950

Statutory Home Office 200 East Randolph Street, Suite 3600 (Street and Number), Chicago, IL, US 60601 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 East Randolph Street, Suite 3600 (Street and Number)  
Chicago, IL, US 60601 (City or Town, State, Country and Zip Code) 800-714-4658 (Area Code) (Telephone Number)

Mail Address 200 East Randolph Street, Suite 3600 (Street and Number or P.O. Box), Chicago, IL, US 60601 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 East Randolph Street, Suite 3600 (Street and Number)  
Chicago, IL, US 60601 (City or Town, State, Country and Zip Code) 800-714-4658 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.celtic-net.com

Statutory Statement Contact Craig M. Bilbrey (Name), 314-519-1169 (Area Code) (Telephone Number) (Extension)  
craig.m.bilbrey@centene.com (E-Mail Address) 314-445-0117 (Fax Number)

OFFICERS

Name	Title	Name	Title
Anand A. Shukla	President	Karen E. Wegg	Vice President
Tricia L. Dinkelman	Vice President, Tax		

OTHER OFFICERS

Controller, Vice President of Finance,			
Christopher R. Isaak	Treasurer	John P. Ryan	Vice President
Mark J. Freeman #	Vice President, Actuary	Keith H. Williamson	Secretary

DIRECTORS OR TRUSTEES

Anand A. Shukla	Tricia L. Dinkelman	Christopher R. Isaak	Kevin J. Counihan
Karen E. Wegg			

State of Missouri.....

ss

County of Saint Louis.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Anand A. Shukla  
President

Christopher R. Isaak  
Controller, Vice President of Finance

Karen E. Wegg  
Vice President

Subscribed and sworn to before me this  
1 day of March, 2020

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no:  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

Joan E. Price, Notary Public  
3/21/2021

## 18

## 18

18

## 19

## 19

19

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	21,113,844	51,315,415	(593)	36,596,743	21,113,251	21,113,844
2. Claim overpayment receivables .....	5,540,424			14,377,217	5,540,424	5,540,424
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	26,654,268	51,315,415	(593)	50,973,959	26,653,675	26,654,268

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.



**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

21

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2019					NAIC Company Code		80799				
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10						
			2	3													
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																	
1. Prior Year .....												28	18	10			
2. First Quarter .....												28	18	10			
3. Second Quarter .....												26	16	10			
4. Third Quarter .....												25	15	10			
5. Current Year												24	14	10			
6. Current Year Member Months												309	189	120			
Total Member Ambulatory Encounters for Year:																	
7. Physician .....												0					
8. Non-Physician .....												0					
9. Total												0	0	0	0	0	0
10. Hospital Patient Days Incurred												0					
11. Number of Inpatient Admissions												0					
12. Health Premiums Written (b).....												90,427	90,427				
13. Life Premiums Direct.....												3,146					3,146
14. Property/Casualty Premiums Written.....												0					
15. Health Premiums Earned.....												93,573	90,427				3,146
16. Property/Casualty Premiums Earned												0					
17. Amount Paid for Provision of Health Care Services .....												50,503	50,503				
18. Amount Incurred for Provision of Health Care Services												0					

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....14  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2019					NAIC Company Code		80799								
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
						2	3														
				Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other							
Total Members at end of:																					
1. Prior Year .....				1				1													
2. First Quarter .....				1				1													
3. Second Quarter .....				1				1													
4. Third Quarter .....				1				1													
5. Current Year				1				1													
6. Current Year Member Months				12				12													
Total Member Ambulatory Encounters for Year:																					
7. Physician .....				0																	
8. Non-Physician .....				0																	
9. Total				0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred				0																	
11. Number of Inpatient Admissions				0																	
12. Health Premiums Written (b).....				3,898				3,898													
13. Life Premiums Direct.....				0																	
14. Property/Casualty Premiums Written.....				0																	
15. Health Premiums Earned.....				3,898				3,898													
16. Property/Casualty Premiums Earned				0																	
17. Amount Paid for Provision of Health Care Services .....				353				353													
18. Amount Incurred for Provision of Health Care Services				0																	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2			1						1
2. First Quarter .....	2			1						1
3. Second Quarter .....	2			1						1
4. Third Quarter .....	2			1						1
5. Current Year	2			1						1
6. Current Year Member Months	24			12						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,656			5,656						
13. Life Premiums Direct.....	587									587
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,243			5,656						587
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	1,429			1,429						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	70,602	70,601								1
2. First Quarter .....	69,964	69,963								1
3. Second Quarter .....	69,310	69,309								1
4. Third Quarter .....	69,279	69,278								1
5. Current Year	68,706	68,705								1
6. Current Year Member Months	835,728	835,716								12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	331,154	331,154								
8. Non-Physician .....	356,639	356,639								
9. Total	687,793	687,793	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	47,163	47,163								
11. Number of Inpatient Admissions	8,951	8,951								
12. Health Premiums Written (b).....	192,307,283	192,307,283								
13. Life Premiums Direct.....	5,913									5,913
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	192,313,196	192,307,283								5,913
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	154,045,255	154,045,255								
18. Amount Incurred for Provision of Health Care Services	154,197,482	154,197,482								

(a) For health business: number of persons insured under PPO managed care products .....68,705 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CELTIC INSURANCE COMPANY				2. _____				
NAIC Group Code	1295	BUSINESS IN THE STATE OF California			DURING THE YEAR 2019			(LOCATION)		
								NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2			2						
2. First Quarter .....	2			2						
3. Second Quarter .....	2			2						
4. Third Quarter .....	2			2						
5. Current Year	2			2						
6. Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	13,281			13,281						
13. Life Premiums Direct.....	407									407
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	13,688			13,281						407
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	1,242			1,242						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2019						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	1			1							
2. First Quarter .....	1			1							
3. Second Quarter .....	1			1							
4. Third Quarter .....	1			1							
5. Current Year	1			1							
6. Current Year Member Months	12			12							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	4,578			4,578							
13. Life Premiums Direct.....	398									398	
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	4,976			4,578						398	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	271			271							
18. Amount Incurred for Provision of Health Care Services	0			0							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	45			41						4
2. First Quarter .....	45			41						4
3. Second Quarter .....	43			39						4
4. Third Quarter .....	41			37						4
5. Current Year	36			32						4
6. Current Year Member Months	495			447						48
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	132,826			132,826						
13. Life Premiums Direct.....	1,854									1,854
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	134,680			132,826						1,854
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	95,277			95,277						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....32  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	5			3						2
2. First Quarter .....	5			3						2
3. Second Quarter .....	5			3						2
4. Third Quarter .....	5			3						2
5. Current Year	5			3						2
6. Current Year Member Months	60			36						24
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	19,027			19,027						
13. Life Premiums Direct.....	924									924
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	19,951			19,027						924
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	6,355			6,355						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....3  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2 First Quarter .....	0									
3 Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	359,095	358,005		1,083						7
2 First Quarter .....	518,023	516,975		1,041						7
3 Second Quarter .....	493,654	492,645		1,002						7
4. Third Quarter .....	483,732	482,751		974						7
5. Current Year	470,759	469,806		946						7
6 Current Year Member Months	5,950,647	5,938,674		11,889						84
Total Member Ambulatory Encounters for Year:										
7. Physician .....	2,126,280	2,126,280								
8. Non-Physician .....	1,625,429	1,625,429								
9. Total	3,751,709	3,751,709	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	145,440	145,440								
11. Number of Inpatient Admissions	28,122	28,122								
12. Health Premiums Written (b).....	1,408,136,762	1,404,401,593		3,735,169						
13. Life Premiums Direct.....	2,276									2,276
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,408,139,038	1,404,401,593		3,735,169						2,276
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	1,128,583,666	1,125,542,143		3,041,522						
18. Amount Incurred for Provision of Health Care Services	1,126,667,586	1,126,667,586		0						

(a) For health business: number of persons insured under PPO managed care products .....469,806 and number of persons insured under indemnity only products .....946  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	72			72						0
2. First Quarter .....	70			70						0
3. Second Quarter .....	66			66						0
4. Third Quarter .....	62			62						0
5. Current Year	58			58						
6. Current Year Member Months	768			768						0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	233,934			233,934						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	233,934			233,934						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	166,418			166,418						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....58  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0





ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2019				NAIC Company Code		80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year .....	0												
2. First Quarter .....	0												
3. Second Quarter .....	0												
4. Third Quarter .....	0												
5. Current Year	0												
6. Current Year Member Months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician .....	0												
8. Non-Physician .....	0												
9. Total	0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Written (b).....	0												
13. Life Premiums Direct.....	0												
14. Property/Casualty Premiums Written.....	0												
15. Health Premiums Earned.....	0												
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services .....	0												
18. Amount Incurred for Provision of Health Care Services	0												

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2019				NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year .....		0											
2. First Quarter .....		0											
3. Second Quarter .....		0											
4. Third Quarter .....		0											
5. Current Year		0											
6. Current Year Member Months		0											
Total Member Ambulatory Encounters for Year:													
7. Physician .....		0											
8. Non-Physician .....		0											
9. Total		0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		0											
11. Number of Inpatient Admissions		0											
12. Health Premiums Written (b).....		0											
13. Life Premiums Direct.....		0											
14. Property/Casualty Premiums Written.....		0											
15. Health Premiums Earned.....		0											
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services .....		0											
18. Amount Incurred for Provision of Health Care Services		0											

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. Burr Ridge, IL      (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	21,769	21,747		6						16
2. First Quarter .....	27,224	27,202		6						16
3. Second Quarter .....	25,383	25,361		6						16
4. Third Quarter .....	24,103	24,081		6						16
5. Current Year	23,170	23,156		6						8
6. Current Year Member Months	306,130	305,890		72						168
Total Member Ambulatory Encounters for Year:										
7. Physician .....	71,763	71,763								
8. Non-Physician .....	74,954	74,954								
9. Total	146,717	146,717	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	6,075	6,075								
11. Number of Inpatient Admissions	960	960								
12. Health Premiums Written (b).....	49,587,697	49,555,921		31,776						
13. Life Premiums Direct.....	5,296									5,296
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	49,592,993	49,555,921		31,776						5,296
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	39,909,040	39,902,844		6,196						
18. Amount Incurred for Provision of Health Care Services	39,942,276	39,942,276		0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....6

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	58,398	58,333		61						4
2. First Quarter .....	83,251	83,187		60						4
3. Second Quarter .....	81,235	81,173		58						4
4. Third Quarter .....	78,593	78,537		52						4
5. Current Year	75,536	75,482		50						4
6. Current Year Member Months	966,639	965,931		660						48
Total Member Ambulatory Encounters for Year:										
7. Physician .....	313,742	313,742								
8. Non-Physician .....	349,911	349,911								
9. Total	663,654	663,654	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	28,555	28,555								
11. Number of Inpatient Admissions	5,325	5,325								
12. Health Premiums Written (b).....	235,176,704	234,918,938		257,766						
13. Life Premiums Direct.....	2,219									2,219
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	235,178,923	234,918,938		257,766						2,219
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	188,372,957	188,247,489		122,441						3,027
18. Amount Incurred for Provision of Health Care Services	188,433,514	188,433,514		0						

(a) For health business: number of persons insured under PPO managed care products .....75,482 and number of persons insured under indemnity only products .....50

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2019						NAIC Company Code		80799							
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
						2	3														
				Total		Individual	Group	Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year .....				15				14												1	
2. First Quarter .....				15				14												1	
3. Second Quarter .....				15				14												1	
4. Third Quarter .....				13				12												1	
5. Current Year				11				10												1	
6. Current Year Member Months				162				150												12	
Total Member Ambulatory Encounters for Year:																					
7. Physician .....				0																	
8. Non-Physician .....				0																	
9. Total				0		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred				0																	
11. Number of Inpatient Admissions				0																	
12. Health Premiums Written (b).....				52,517				52,517													
13. Life Premiums Direct.....				151																151	
14. Property/Casualty Premiums Written.....				0																	
15. Health Premiums Earned.....				52,668				52,517												151	
16. Property/Casualty Premiums Earned				0																	
17. Amount Paid for Provision of Health Care Services .....				32,293				32,293													
18. Amount Incurred for Provision of Health Care Services				0				0													

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....10  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	5			5						
2 First Quarter .....	5			5						
3 Second Quarter .....	5			5						
4. Third Quarter .....	4			4						
5. Current Year	4			4						
6 Current Year Member Months	54			54						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	17,594			17,594						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,594			17,594						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	17,493			17,493						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....4  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1									1
2. First Quarter .....	1									1
3. Second Quarter .....	1									1
4. Third Quarter .....	1									1
5. Current Year	1									1
6. Current Year Member Months	12									12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	1,220									1,220
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,220									1,220
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2			2						
2. First Quarter .....	2			2						
3. Second Quarter .....	2			2						
4. Third Quarter .....	2			2						
5. Current Year	1			1						
6. Current Year Member Months	21			21						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	8,332			8,332						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	8,332			8,332						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	1,130			1,130						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0





ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2019				NAIC Company Code		80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year .....	2									2			
2. First Quarter .....	2									2			
3. Second Quarter .....	2									2			
4. Third Quarter .....	2									2			
5. Current Year	2									2			
6. Current Year Member Months	24									24			
Total Member Ambulatory Encounters for Year:													
7. Physician .....	0												
8. Non-Physician .....	0												
9. Total	0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Written (b).....	0												
13. Life Premiums Direct.....	1,698									1,698			
14. Property/Casualty Premiums Written.....	0												
15. Health Premiums Earned.....	1,698									1,698			
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services .....	0												
18. Amount Incurred for Provision of Health Care Services	0												

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CELTIC INSURANCE COMPANY				2. Maryland					
NAIC Group Code		1295	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2019			(LOCATION)			
								NAIC Company Code			
								80799			

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....6

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2019						NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year .....												10	10		
2 First Quarter .....												10	10		
3 Second Quarter .....												10	10		
4. Third Quarter .....												10	10		
5. Current Year												9	9		
6 Current Year Member Months												117	117		
Total Member Ambulatory Encounters for Year:															
7. Physician .....												0			
8. Non-Physician .....												0			
9. Total												0	0		
10. Hospital Patient Days Incurred												0			
11. Number of Inpatient Admissions												0			
12. Health Premiums Written (b).....												0			
13. Life Premiums Direct.....												2,938	2,938		
14. Property/Casualty Premiums Written.....												0			
15. Health Premiums Earned.....												2,938	2,938		
16. Property/Casualty Premiums Earned												0			
17. Amount Paid for Provision of Health Care Services .....												10,150	10,150		
18. Amount Incurred for Provision of Health Care Services												0			

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	3			2						1
2 First Quarter .....	2			1						1
3 Second Quarter .....	2			1						1
4. Third Quarter .....	2			1						1
5. Current Year	2			1						1
6 Current Year Member Months	24			12						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,605			5,605						
13. Life Premiums Direct.....	461									461
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,066			5,605						461
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	43,176			43,176						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code1295BUSINESS IN THE STATE OF MinnesotaDURING THE YEAR 2019NAIC Company Code80799

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	7	7								
2 First Quarter .....	7	7								
3 Second Quarter .....	7	7								
4. Third Quarter .....	7	7								
5. Current Year	7	7								
6 Current Year Member Months	84	84								
Total Member Ambulatory Encounters for Year:										
7. Physician .....	308	308								
8. Non-Physician .....	304	304								
9. Total	612	612	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	20	20								
11. Number of Inpatient Admissions	1	1								
12. Health Premiums Written (b).....	10,562	10,562								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,562	10,562								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	15			15						
2. First Quarter .....	17			17						
3. Second Quarter .....	16			16						
4. Third Quarter .....	14			14						
5. Current Year	12			12						
6. Current Year Member Months	177			177						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	72,337			72,337						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	72,337			72,337						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	75,236			75,236						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....12  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.MS



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	54,934	54,922		12						
2. First Quarter .....	89,098	89,086		12						
3. Second Quarter .....	84,321	84,309		12						
4. Third Quarter .....	81,072	81,061		11						
5. Current Year	78,378	78,367		11						
6. Current Year Member Months	1,013,704	1,013,566		138						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	20,711	20,711								
8. Non-Physician .....	19,799	19,799								
9. Total	40,510	40,510	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	34,967	34,967								
11. Number of Inpatient Admissions	6,574	6,574								
12. Health Premiums Written (b).....	321,751,082	321,704,047		47,035						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	321,751,082	321,704,047		47,035						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	257,697,385	257,657,239		40,146						
18. Amount Incurred for Provision of Health Care Services	257,911,854	257,911,854								

(a) For health business: number of persons insured under PPO managed care products .....78,367 and number of persons insured under indemnity only products .....11

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2019					NAIC Company Code		80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year .....	0													
2. First Quarter .....	0													
3. Second Quarter .....	0													
4. Third Quarter .....	0													
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7. Physician .....	0													
8. Non-Physician .....	0													
9. Total	0	0	0	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b).....	0													
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	17			16						1
2. First Quarter .....	18			17						1
3. Second Quarter .....	17			16						1
4. Third Quarter .....	14			13						1
5. Current Year	11			10						1
6. Current Year Member Months	180			168						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	78,095			78,095						
13. Life Premiums Direct.....	1,008									1,008
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	79,103			78,095						1,008
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	51,905			51,905						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....10  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2019					NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1.	Prior Year .....	2			2									
2.	First Quarter .....	2			2									
3.	Second Quarter .....	2			2									
4.	Third Quarter .....	2			2									
5.	Current Year	2			2									
6.	Current Year Member Months	24			24									
Total Member Ambulatory Encounters for Year:														
7.	Physician .....	0												
8.	Non-Physician .....	0												
9.	Total	0	0	0	0	0	0	0	0	0	0			
10.	Hospital Patient Days Incurred	0												
11.	Number of Inpatient Admissions	0												
12.	Health Premiums Written (b).....	7,363			7,363									
13.	Life Premiums Direct.....	0												
14.	Property/Casualty Premiums Written.....	0												
15.	Health Premiums Earned.....	7,363			7,363									
16.	Property/Casualty Premiums Earned	0												
17.	Amount Paid for Provision of Health Care Services .....	4,952			4,952									
18.	Amount Incurred for Provision of Health Care Services	0			0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	20,574	20,574								
2 First Quarter .....	10,805	10,805								
3 Second Quarter .....	10,731	10,731								
4. Third Quarter .....	10,606	10,606								
5. Current Year	10,297	10,297								
6 Current Year Member Months	128,476	128,476								
Total Member Ambulatory Encounters for Year:										
7. Physician .....	37,477	37,477								
8. Non-Physician .....	59,026	59,026								
9. Total	96,503	96,503	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,919	2,919								
11. Number of Inpatient Admissions	600	600								
12. Health Premiums Written (b).....	31,323,330	31,323,330								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	31,323,330	31,323,330								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	26,017,780	26,017,780								
18. Amount Incurred for Provision of Health Care Services	26,043,490	26,043,490								

(a) For health business: number of persons insured under PPO managed care products .....10,296 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	178			178						
2. First Quarter .....	171			171						
3. Second Quarter .....	167			167						
4. Third Quarter .....	163			163						
5. Current Year	157			157						
6. Current Year Member Months	1,974			1,974						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	560,693			560,693						
13. Life Premiums Direct.....	1,415									1,415
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	562,108			560,693						1,415
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	515,146			515,146						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....157

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	18			13						5
2 First Quarter .....	19			14						5
3 Second Quarter .....	17			12						5
4. Third Quarter .....	17			12						5
5. Current Year	15			11						4
6 Current Year Member Months	204			147						57
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	50,615			50,615						
13. Life Premiums Direct.....	6,630									6,630
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	57,245			50,615						6,630
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	21,406			21,406						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....11

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF New York		DURING THE YEAR 2019					NAIC Company Code		80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year .....	1									1				
2. First Quarter .....	1									1				
3. Second Quarter .....	1									1				
4. Third Quarter .....	1									1				
5. Current Year	1									1				
6. Current Year Member Months	12									12				
Total Member Ambulatory Encounters for Year:														
7. Physician .....	0													
8. Non-Physician .....	0													
9. Total	0	0	0	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b).....	0													
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	0													
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CELTIC INSURANCE COMPANY				2. _____					(LOCATION)	
NAIC Group Code	1295	BUSINESS IN THE STATE OF North Carolina			DURING THE YEAR 2019			NAIC Company Code 80799				
	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other		
		2  Individual	3  Group									
Total Members at end of:												
1. Prior Year .....	16			8						8		
2. First Quarter .....	16			8						8		
3. Second Quarter .....	16			8						8		
4. Third Quarter .....	16			8						8		
5. Current Year	16			8						8		
6. Current Year Member Months	192			96						96		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	0											
8. Non-Physician .....	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	37,806			37,806								
13. Life Premiums Direct.....	5,646									5,646		
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	43,452			37,806						5,646		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services .....	11,861			11,861								
18. Amount Incurred for Provision of Health Care Services	0											

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....8

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2			2						
2 First Quarter .....	2			2						
3 Second Quarter .....	2			2						
4. Third Quarter .....	2			2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	6,940			6,940						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,940			6,940						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	1,477			1,477						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....2  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0





ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	21			16						5
2. First Quarter .....	20			15						5
3. Second Quarter .....	19			14						5
4. Third Quarter .....	18			13						5
5. Current Year	18			13						5
6. Current Year Member Months	225			165						60
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	63,815			63,815						
13. Life Premiums Direct.....	1,989									1,989
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	65,804			63,815						1,989
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	21,770			21,770						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....13  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2			1						1
2. First Quarter .....	2			1						1
3. Second Quarter .....	2			1						1
4. Third Quarter .....	2			1						1
5. Current Year	2			1						1
6. Current Year Member Months	24			12						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,405			4,405						
13. Life Premiums Direct.....	144									144
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,549			4,405						144
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	2,398			2,398						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....1

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2019					NAIC Company Code		80799						
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10								
			2	3															
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other								
Total Members at end of:																			
1. Prior Year .....												0							
2 First Quarter .....												0							
3 Second Quarter .....												0							
4. Third Quarter .....												0							
5. Current Year												0							
6 Current Year Member Months												0							
Total Member Ambulatory Encounters for Year:																			
7. Physician .....												0							
8. Non-Physician .....												0							
9. Total												0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred												0							
11. Number of Inpatient Admissions												0							
12. Health Premiums Written (b).....												87	87						
13. Life Premiums Direct.....												0							
14. Property/Casualty Premiums Written.....												0							
15. Health Premiums Earned.....												87	87						
16. Property/Casualty Premiums Earned												0							
17. Amount Paid for Provision of Health Care Services .....												0							
18. Amount Incurred for Provision of Health Care Services												0							

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30. OR



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	16			16						
2 First Quarter .....	15			15						
3 Second Quarter .....	14			14						
4. Third Quarter .....	14			14						
5. Current Year	14			14						
6 Current Year Member Months	171			171						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	67,263			67,263						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	67,263			67,263						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	37,037			37,037						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....14

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1			1						
2. First Quarter .....	1			1						
3. Second Quarter .....	1			1						
4. Third Quarter .....	1			1						
5. Current Year	0									
6. Current Year Member Months	9			9						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,592			5,592						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,592			5,592						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	3,500			3,500						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	12			12						
2. First Quarter .....	11			11						
3. Second Quarter .....	11			11						
4. Third Quarter .....	10			10						
5. Current Year	10			10						
6. Current Year Member Months	126			126						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	50,659			50,659						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	50,659			50,659						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	49,314			49,314						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....10  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	9			8						1
2. First Quarter .....	8			7						1
3. Second Quarter .....	8			7						1
4. Third Quarter .....	7			6						1
5. Current Year	7			6						1
6. Current Year Member Months	90			78						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	45,225			45,225						
13. Life Premiums Direct.....	308									308
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	45,533			45,225						308
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	31,984			31,984						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....6

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	10			3						7
2. First Quarter .....	6,922	6,912		3						7
3. Second Quarter .....	6,119	6,109		3						7
4. Third Quarter .....	5,772	5,762		3						7
5. Current Year	5,518	5,510		3						5
6. Current Year Member Months	75,497	75,383		36						78
Total Member Ambulatory Encounters for Year:										
7. Physician .....	3,265	3,265								
8. Non-Physician .....	2,630	2,630								
9. Total	5,896	5,896	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,769	2,769								
11. Number of Inpatient Admissions	479	479								
12. Health Premiums Written (b).....	21,551,474	21,536,749		14,725						
13. Life Premiums Direct.....	3,896									3,896
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	21,555,370	21,536,749		14,725						3,896
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	17,258,768	17,249,082		9,686						
18. Amount Incurred for Provision of Health Care Services	17,266,127	17,266,127		0						

(a) For health business: number of persons insured under PPO managed care products .....5,510 and number of persons insured under indemnity only products .....3

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....





ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	165,305	165,261		35						9
2. First Quarter .....	331,451	331,407		35						9
3. Second Quarter .....	315,411	315,370		32						9
4. Third Quarter .....	306,190	306,150		31						9
5. Current Year	299,229	299,194		30						5
6. Current Year Member Months	3,805,084	3,804,604		384						96
Total Member Ambulatory Encounters for Year:										
7. Physician .....	1,266,548	1,266,548								
8. Non-Physician .....	1,006,756	1,006,756								
9. Total	2,273,304	2,273,304	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	103,863	103,863								
11. Number of Inpatient Admissions	18,987	18,987								
12. Health Premiums Written (b).....	836,462,657	836,287,116		175,541						
13. Life Premiums Direct.....	5,299									5,299
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	836,467,956	836,287,116		175,541						5,299
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	670,305,529	670,156,589		148,940						
18. Amount Incurred for Provision of Health Care Services	670,818,833	670,818,833								

(a) For health business: number of persons insured under PPO managed care products .....299,194 and number of persons insured under indemnity only products .....30

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2019						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	2			2							
2. First Quarter .....	2			2							
3. Second Quarter .....	2			2							
4. Third Quarter .....	2			2							
5. Current Year	2			2							
6. Current Year Member Months	24			24							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	9,878			9,878							
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	9,878			9,878							
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	25,933			25,933							
18. Amount Incurred for Provision of Health Care Services	0			0							

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	7			7						
2. First Quarter .....	7			7						
3. Second Quarter .....	7			7						
4. Third Quarter .....	6			6						
5. Current Year	6			6						
6. Current Year Member Months	78			78						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	18,383			18,383						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	18,383			18,383						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	10,520			10,520						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....6

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	32			22						10
2. First Quarter .....	32			22						10
3. Second Quarter .....	32			22						10
4. Third Quarter .....	32			22						10
5. Current Year	30			21						9
6. Current Year Member Months	378			261						117
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	74,062			74,062						
13. Life Premiums Direct.....	6,613									6,613
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	80,675			74,062						6,613
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	66,807			66,807						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....21

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2019				NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year .....		0											
2. First Quarter .....		0											
3. Second Quarter .....		0											
4. Third Quarter .....		0											
5. Current Year		0											
6. Current Year Member Months		0											
Total Member Ambulatory Encounters for Year:													
7. Physician .....		0											
8. Non-Physician .....		0											
9. Total		0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		0											
11. Number of Inpatient Admissions		0											
12. Health Premiums Written (b).....		0											
13. Life Premiums Direct.....		0											
14. Property/Casualty Premiums Written.....		0											
15. Health Premiums Earned.....		0											
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services .....		0											
18. Amount Incurred for Provision of Health Care Services		0											

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2019						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	4			4							
2. First Quarter .....	4			4							
3. Second Quarter .....	4			4							
4. Third Quarter .....	4			4							
5. Current Year	3			3							
6. Current Year Member Months	45			45							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	12,666			12,666							
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	12,666			12,666							
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	3,582			3,582							
18. Amount Incurred for Provision of Health Care Services	0			0							

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....3

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2									2
2 First Quarter .....	2									2
3 Second Quarter .....	2									2
4. Third Quarter .....	2									2
5. Current Year	3									3
6 Current Year Member Months	27									27
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	2,043									2,043
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,043									2,043
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	10			1						9
2. First Quarter .....	10			1						9
3. Second Quarter .....	10			1						9
4. Third Quarter .....	10			1						9
5. Current Year	6			1						5
6. Current Year Member Months	108			12						96
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,017			5,017						
13. Life Premiums Direct.....	2,899									2,899
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,916			5,017						2,899
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services .....	419			419						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....1  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CELTIC INSURANCE COMPANY      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2019				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	751,263	749,450	0	1,692	0	0	0	0	0	121	
2 First Quarter .....	1,137,303	1,135,543	0	1,639	0	0	0	0	0	121	
3 Second Quarter .....	1,086,712	1,085,014	0	1,577	0	0	0	0	0	121	
4. Third Quarter .....	1,059,871	1,058,232	0	1,518	0	0	0	0	0	121	
5. Current Year	1,032,083	1,030,523	0	1,459	0	0	0	0	0	101	
6 Current Year Member Months	13,088,295	13,068,324	0	18,579	0	0	0	0	0	1,392	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	4,171,249	4,171,249	0	0	0	0	0	0	0	0	
8. Non-Physician .....	3,495,449	3,495,449	0	0	0	0	0	0	0	0	
9. Total	7,666,697	7,666,697	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	371,771	371,771	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	69,999	69,999	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	3,098,090,121	3,092,045,626	0	6,044,495	0	0	0	0	0	0	
13. Life Premiums Direct.....	67,378	0	0	0	0	0	0	0	0	67,378	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	3,098,157,499	3,092,045,626	0	6,044,495	0	0	0	0	0	67,378	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	2,483,572,755	2,478,818,421	0	4,741,157	0	0	0	0	0	13,177	
18. Amount Incurred for Provision of Health Care Services	2,481,281,162	2,481,281,162	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....1,007,359 and number of persons insured under indemnity only products .....1,459  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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31

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	3,113,038	2,428,053	22,113	21,593	13,778
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	163	195	198	219	257
5. Total hospital and medical expenses.....	0	0	30	25,137	11,864
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	825	13
7. Claims payable.....	(1,937)	(3,025)	(4,289)	(4,191)	(2,052)
8. Reinsurance recoverable on paid losses.....	9,699	9,558	14,510	19,893	8,449
9. Experience rating refunds due or unpaid.....	248,300	50,691	1,810	9,348	937
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	1,575	1,502	1,598	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	2,103,125,768	0	2,103,125,768
2. Accident and health premiums due and unpaid (Line 15).....	37,451,069	27,937,460	65,388,530
3. Amounts recoverable from reinsurers (Line 16.1).....	9,698,641	(9,698,641)	0
4. Net credit for ceded reinsurance.....	XXX	23,308,492	23,308,492
5. All other admitted assets (Balance).....	107,213,655	65,899,710	173,113,365
6. Total assets (Line 28)	2,257,489,134	107,447,021	2,364,936,155
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	310,251,915	290,754,621	601,006,536
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,162,182	3,162,182	6,324,365
9. Premiums received in advance (Line 8).....	41,104,579	38,548,624	79,653,203
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	1,575,305	0	1,575,305
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (Balance).....	1,492,016,608	(225,018,406)	1,266,998,202
15. Total liabilities (Line 24).....	1,848,110,589	107,447,021	1,955,557,610
16. Total capital and surplus (Line 33).....	409,378,544	XXX	409,378,544
17. Total liabilities, capital and surplus (Line 34)	2,257,489,133	107,447,021	2,364,936,155
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	290,754,621		
19. Accrued medical incentive pool.....	3,162,182		
20. Premiums received in advance .....	38,548,624		
21. Reinsurance recoverable on paid losses .....	9,698,641		
22. Other ceded reinsurance recoverables .....	(65,899,710)		
23. Total ceded reinsurance recoverables .....	276,264,358		
24. Premiums receivable .....	27,937,460		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	225,018,406		
30. Total ceded reinsurance payables/offsets .....	252,955,866		
31. Total net credit for ceded reinsurance	23,308,492		



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						.0
2. Alaska .....	AK .....						.0
3. Arizona .....	AZ .....						.0
4. Arkansas .....	AR .....						.0
5. California .....	CA .....						.0
6. Colorado .....	CO .....						.0
7. Connecticut .....	CT .....						.0
8. Delaware .....	DE .....						.0
9. District of Columbia .....	DC .....						.0
10. Florida .....	FL .....						.0
11. Georgia .....	GA .....						.0
12. Hawaii .....	HI .....						.0
13. Idaho .....	ID .....						.0
14. Illinois .....	IL .....						.0
15. Indiana .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.0
37. Oklahoma .....	OK .....						.0
38. Oregon .....	OR .....					293	293
39. Pennsylvania .....	PA .....						.0
40. Rhode Island .....	RI .....						.0
41. South Carolina .....	SC .....						.0
42. South Dakota .....	SD .....						.0
43. Tennessee .....	TN .....						.0
44. Texas .....	TX .....						.0
45. Utah .....	UT .....						.0
46. Vermont .....	VT .....						.0
47. Virginia .....	VA .....						.0
48. Washington .....	WA .....						.0
49. West Virginia .....	WV .....						.0
50. Wisconsin .....	WI .....						.0
51. Wyoming .....	WY .....						.0
52. American Samoa .....	AS .....						.0
53. Guam .....	GU .....						.0
54. Puerto Rico .....	PR .....						.0
55. US Virgin Islands .....	VI .....						.0
56. Northern Mariana Islands .....	MP .....						.0
57. Canada .....	CAN .....						.0
58. Aggregate Other Alien .....	OT .....						.0
59. Totals		0	0	0	0	293	293

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	42-1406317.....		0001071739.....	New York Stock Exchange.....	Centene Corporation.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Board of Directors.....	100.0.....	Shareholders/Board of Directors.....	N.....	0.....
01295.....	Centene Corporation.....	71013.....	39-0993433.....				Bankers Reserve Life Insurance Company of Wisconsin.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Insurance Company of Wisconsin.....	Ownership.....	17.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	12315.....	20-3174593.....				Peach State Health Plan, Inc.....	GA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	21.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	15713.....	46-4829006.....				Iowa Total Care, Inc.....	IA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	11834.....	32-0045282.....				Buckeye Community Health Plan, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Buckeye Community Health Plan, Inc.....	Ownership.....	13.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	12959.....	20-5693998.....				Absolute Total Care, Inc.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	1.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	95831.....	39-1821211.....				Coordinated Care Corporation d/b/a Managed Health Services.....	IN.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Coordinated Care Corporation d/b/a Managed Health Services.....	Ownership.....	15.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5523218.....				Healthy Washington Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	15352.....	46-2578279.....				Coordinated Care of Washington, Inc.....	WA.....	IA.....	Healthy Washington Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	96822.....	39-1678579.....				Managed Health Services Insurance Corp.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Managed Health Services Insurance Corp.....	Ownership.....	2.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	60078.....	86-0819817.....				Hallmark Life Insurance Co.....	AZ.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	95647.....	74-2770542.....				Superior HealthPlan, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Superior HealthPlan, Inc.....	Ownership.....	21.0.....	Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0916294.....				Healthy Louisiana Holdings LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	13970.....	27-1287287.....				Louisiana Healthcare Connections, Inc.....	LA.....	IA.....	Healthy Louisiana Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	13923.....	20-8570212.....				Magnolia Health Plan Inc.....	MS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	14053.....	27-2186150.....				IlliniCare Health Plan, Inc.....	IL.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	IlliniCare Health Plan, Inc.....	Ownership.....	5.0.....	Centene Corporation.....	Y.....	.0.....
01295.....	Centene Corporation.....	00000.....	26-0557093.....				Sunshine Health Holding LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.....	FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	14100.....	45-1294925.....				Kentucky Spirit Health Plan, Inc.....	KY.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	95.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Home State Health Plan, Inc.....	Ownership.....	5.0.....	Centene Corporation.....	Y.....	.0.....
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	10769.....	30-0312489.....				Michigan Complete Health, Inc.....	MI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	16351.....	45-5583511.....				Western Sky Community Care, Inc.....	NM.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	26-1849394.....				Tennessee Total Care, Inc.....	TN.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	16143.....	20-4761189.....				SilverSummit Healthplan, Inc.....	NV.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3292245.....				University Health Plans, Inc.....	NJ.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	16041.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	15912.....	47-5664832.....				Superior HealthPlan Community Solutions, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	15927.....	47-5667095.....				Sunshine Health Community Solutions, Inc.....	FL.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	16130.....	81-1282251.....				Arkansas Health & Wellness Health Plan, Inc.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....	38-4042368.....				Arkansas Total Care Holding Company, LLC.....	DE.....	NIA.....	Arkansas Health & Wellness Health Plan, Inc.....	Ownership.....	49.0.....	Centene Corporation.....	N.....	.0.....

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SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	16256.....	82-2649097.....	.....	.....	.....	Arkansas Total Care, Inc.....	AR.....	IA.....	Arkansas Total Care Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-3121527.....	.....	.....	.....	Oklahoma Complete Health Inc.....	OK.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4980875.....	.....	.....	.....	Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	16310.....	20-4980818.....	.....	.....	.....	Bridgeway Health Solutions of Arizona Inc.....	AZ.....	IA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	36-2979209.....	.....	.....	.....	Celtic Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	80799.....	06-0641618.....	.....	.....	.....	Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	15762.....	35-2525384.....	.....	.....	.....	Ambetter of Magnolia Inc.....	MS.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	15729.....	36-4802632.....	.....	.....	.....	Ambetter of Peach State Inc.....	GA.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-2221367.....	.....	.....	.....	Novasys Health, Inc.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4278205.....	.....	.....	.....	CeltiCare Health Plan Holdings LLC.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	13632.....	26-4818440.....	.....	.....	.....	CeltiCare Health Plan of Massachusetts, Inc.....	MA.....	IA.....	CeltiCare Health Plan Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	39-1864073.....	.....	.....	.....	Centene Management Company LLC.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-0057283.....	.....	.....	.....	CMC Real Estate Co. LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4094682.....	.....	.....	.....	Centene Center LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	82-1816153.....	.....	.....	.....	Centene Center I, LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-5156015.....	.....	.....	.....	Centene Center II, LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	82-2761995.....	.....	.....	.....	Illinois Health Practice Alliance, LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	50.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	84-3023173.....	.....	.....	.....	Integrated Care Network of Florida, LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2798132.....	.....	.....	.....	Lifeshare Management Group, LLC.....	NH.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-4042368.....	.....	.....	.....	Arkansas Total Care Holding Company, LLC.....	DE.....	NIA.....	Lifeshare Management Group, LLC.....	Ownership.....	25.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2074217.....	.....	.....	.....	CCTX Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2810404.....	.....	.....	.....	Centene Company of Texas, LP.....	TX.....	NIA.....	CCTX Holdings, LLC.....	Ownership.....	1.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2074277.....	.....	.....	.....	Centene Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2810404.....	.....	.....	.....	Centene Company of Texas, LP.....	TX.....	NIA.....	Centene Holdings, LLC.....	Ownership.....	99.0.....	Centene Corporation.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	43-1795436.....				MHS Travel & Charter, Inc.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	46-4855483.....				Health Care Enterprises, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	74-2892993.....				Integrated Mental Health Management, L.L.C.....	TX.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	74-2785494.....				Integrated Mental Health Services.....	TX.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	22-3889471.....				Envolve Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	68-0461584.....				Cenpatico Behavioral Health, LLC.....	CA.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	20-1624120.....				Cenpatico Behavioral Health of Arizona, LLC.....	AZ.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	80-0879942.....				Cenpatico of Arizona Inc.....	AZ.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	37-1788565.....				Envolve, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	47-3454898.....				Envolve - New York, Inc.....	NY.....	NIA.....	Envolve, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	06-1476380.....				Envolve PeopleCare, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	47-2516714.....				LiveHealthier, Inc.....	DE.....	NIA.....	Envolve PeopleCare, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	61-1846191.....				Envolve Benefits Options, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	20-4730341.....				Envolve Vision Benefits, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	36-4520004.....				Envolve Captive Insurance Company, Inc.....	SC.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	95302.....	75-2592153.....				Envolve Vision of Texas, Inc.....	TX.....	IA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	20-4773088.....				Envolve Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	83-2460878.....				Envolve Vision IPA of New York, Inc.....	NY.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	65-0094759.....				Envolve Vision of Florida, Inc.....	FL.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	20-4861241.....				Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	82-2908582.....				Envolve Optical, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	46-2783884.....				Envolve Dental, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0
01295.....	Centene Corporation.....	00000.....	81-2969330.....				Envolve Dental of Florida, Inc.....	FL.....	NIA.....	Envolve Dental, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	.0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	16106.....	81-2796896.....				Envolve Dental of Texas, Inc.....	TX.....	IA.....	Envolve Dental, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	83-1464482.....				Envolve Dental IPA of New York, Inc.....	NY.....	NIA.....	Envolve Dental, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	77-0578529.....				Envolve Pharmacy Solutions, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	76-0511700.....				LBB Industries, Inc.....	TX.....	NIA.....	Envolve Pharmacy Solutions, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	75-2612875.....				RX Direct, Inc.....	TX.....	NIA.....	Envolve Pharmacy Solutions, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	46-2307356.....				Envolve Pharmacy IPA, LLC.....	NY.....	NIA.....	Envolve Pharmacy Solutions, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	90-0636938.....				Casenet LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Casenet S.R.O.....	CZE.....	NIA.....	Casenet LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	82-5316510.....				MHM Services, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	90-0766502.....				Centurion LLC.....	DE.....	NIA.....	MHM Services, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	81-4228054.....				Centurion of Arizona, LLC.....	AZ.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	47-1686283.....				Centurion of Vermont, LLC.....	VT.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	47-2967381.....				Centurion of Mississippi, LLC.....	MS.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	30-0752651.....				Centurion of Tennessee, LLC.....	TN.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	46-2717814.....				Centurion of Minnesota, LLC.....	MN.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	81-1161492.....				Centurion Correctional Healthcare of New Mexico, LLC.....	NM.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	81-0687470.....				Centurion of Florida, LLC.....	FL.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	81-4938030.....				Centurion of Maryland, LLC.....	MD.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	82-2268901.....				Centurion of Alabama, LLC.....	AL.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	82-3128848.....				Centurion of Georgia, LLC.....	GA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	82-4735175.....				Centurion Detention Health Services, LLC.....	DE.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	82-4823469.....				Centurion of New Hampshire, LLC.....	DE.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	82-4823469.....				Centurion of Pennsylvania, LLC.....	PA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	46-4839132.....				Centurion of West Virginia, LLC.....	WV.....	NIA.....	Centurion LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
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01295.....	Centene Corporation.....	00000.....	84-3436283.....				Centurion of Kansas, LLC.....	KS.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	84-3767794.....				Centurion of Delaware, LLC.....	DE.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	84-3857653.....				Centurion of Wyoming, LLC.....	WY.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	54-1856340.....				MHM Correctional Services, LLC.....	DE.....	NIA.....	MHM Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	51-0620904.....				MHM Services of California, LLC.....	CA.....	NIA.....	MHM Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	60-0002002.....				MHM Solutions, LLC.....	DE.....	NIA.....	MHM Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-1877007.....				Forensic Health Services, LLC.....	DE.....	NIA.....	MHM Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-1734817.....				MHM Health Professionals, LLC.....	DE.....	NIA.....	MHM Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-3617766.....				Specialty Therapeutic Care Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	73-1698808.....				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	73-1698807.....				Specialty Therapeutic Care, GP, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	73-1698808.....				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care, GP, LLC.....	Ownership.....	0.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	80-0856383.....				AcariaHealth Solutions, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-2780334.....				AcariaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-1599047.....				AcariaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-8192615.....				AcariaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-2765424.....				AcariaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-0226900.....				AcariaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	13-4262384.....				AcariaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-3707698.....				HomeScripts.com, LLC.....	MI.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-8235695.....				New York Rx, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-0873587.....				Foundation Care, LLC.....	MO.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	80.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0275614.....				U.S. Medical Management Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-3153946.....				U.S. Medical Management, LLC.....	DE.....	NIA.....	U.S. Medical Management Holdings, Inc.....	Ownership.....	20.0.....	Centene Corporation.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01295.....	Centene Corporation.....	00000.....	38-3153946.....				U.S. Medical Management, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	80.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	31-1733889.....				RMED, LLC.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2138680.....				IAH of Florida, LLC.....	FL.....	NIA.....	RMED, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	51-0581762.....				Heritage Home Hospice, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2827613.....				Grace Hospice of Austin, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-1530070.....				ComfortBrook Hospice, LLC.....	OH.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4996551.....				Comfort Hospice of Texas, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2827526.....				Grace Hospice of San Antonio, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-0679248.....				Grace Hospice of Grand Rapids, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-0634905.....				Grace Hospice of Indiana, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-5080637.....				Grace Hospice of Virginia, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-5080567.....				Comfort Hospice of Missouri, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-1708834.....				Grace Hospice of Wisconsin, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-5129923.....				Grace Hospice of Illinois, LLC.....	IL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4435532.....				Seniorcorps Peninsula, LLC.....	VA.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	33-1179031.....				R&C Healthcare, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-0861469.....				Pinnacle Senior Care of Missouri, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	03-0556422.....				Country Style Health Care, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	14-1878333.....				Phoenix Home Health Care, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	75-2635025.....				Traditional Home Health Services, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-2751108.....				Family Nurse Care, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-5108540.....				Family Nurse Care II, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-3920947.....				Family Nurse Care of Ohio, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-4229858.....				Pinnacle Senior Care of Wisconsin, LLC.....	WI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	81-1565426.....				Pinnacle Senior Care of Indiana, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	76-0713516.....				Pinnacle Home Care, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	59-3519060.....				North Florida Health Services, Inc.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-1742728.....				Pinnacle Sr. Care of Kalamazoo, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-1734288.....				Hospice DME Company, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4364776.....				Rapid Respiratory Services, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5735993.....				USMM Accountable Care Partners, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	83-3534462.....				Pinnacle Senior Care of Illinois, LLC.....	IL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-3176990.....				VPA, P.C.....	MI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2159305.....				IAH of Michigan, PLLC.....	MI.....	NIA.....	VPA, P.C.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2146160.....				IAH of Wisconsin, PLLC.....	MI.....	NIA.....	VPA, P.C.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2386997.....				VPA of Texas.....	MI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	35-2519603.....				IAH of Texas, PLLC.....	MI.....	NIA.....	VPA of Texas.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	36-4539790.....				Advantechs X-Ray Imaging Services, L.L.C.....	TX.....	NIA.....	VPA of Texas.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-5208076.....				Health Net, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-4402957.....				Health Net of California, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	66141.....	73-0654885.....				Health Net Life Insurance Company.....	CA.....	IA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	98-0409907.....				Health Net Life Reinsurance Company.....	CYM.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-4117722.....				Managed Health Network, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-3817988.....				Managed Health Network.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-4146179.....				MHN Services, LLC.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0214809.....				Health Net Federal Services, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	42-1680916.....				MHN Government Services LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0889803.....				MHN Government Services-Guam, Inc.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	90-0889825.....				MHN Government Services-International, Inc.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0889815.....				MHN Government Services-Puerto Rico, Inc.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	10.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	35-2490375.....				Health Net Veterans, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	90.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	95800.....	93-1004034.....				Health Net Health Plan of Oregon, Inc.....	OR.....	IA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	54-2174068.....				Health Net Community Solutions, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	95206.....	36-3097810.....				Health Net of Arizona, Inc.....	AZ.....	IA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0295375.....				Health Net Pharmaceutical Services.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	15895.....	81-1348826.....				Health Net Community Solutions of Arizona, Inc.....	AZ.....	IA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2616037.....				Health Net Access, Inc.....	AZ.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-8630006.....				MHS Consulting, International, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	83-1047281.....				Centene International Ventures, LLC.....	DE.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-2075447.....				MHS European Holdings s.a.r.l.....	LUX.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					PRIMEROSALUD, S.L.....	ESP.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Ribera Salud, S.A.....	ESP.....	NIA.....	PRIMEROSALUD, S.L.....	Ownership.....	90.1.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Torrevieja Salud UTE.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	65.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Ribera Salud II.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	96.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					ERESCANER.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	15.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					BR Salud UTE.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	45.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Marina Salud.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	35.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Villa Maria del Triuinfo Salud S.A. C.....	PER.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	5.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Callao Salud S.A.C.....	PER.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	5.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Infraestructuras y Servicios de Alzira S.L.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	50.0.....	Centene Corporation.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	00000.....					Elche-Crevillente Salud.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					B2B Salud.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					B2B Gestion integral, S.L.....	ESP.....	NIA.....	B2B Salud.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					B2B Lab,S.L.....	ESP.....	NIA.....	B2B Gestion integral, S.L.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Ribera Salud proyectos S.L.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Ribera-Quilpro UTE.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Ribera Salud Infraestructuras S.L.U.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Pro Diagnostic Group, a.s.....	SVK.....	NIA.....	Ribera Salud Infraestructuras S.L.U.....	Ownership.....	66.4	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Pro RTG.....	SVK.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	80.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					DR Magnet.....	SVK.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Pro Magnet.....	SVK.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Medicina NZ.....	SVK.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					MR Poprad.....	SVK.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					CT Poprad.....	SVK.....	NIA.....	MR Poprad.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					MR Zilina.....	SVK.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Pro Magnet CZ.....	CZE.....	NIA.....	Pro Diagnostic Group, a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Progress Medical a.s.....	CZE.....	NIA.....	Pro Magnet CZ.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					OB Klinika, a.s.....	CZE.....	NIA.....	Progress Medical a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					OB Care, s.r.o.....	CZE.....	NIA.....	Progress Medical a.s.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Hospital Povisa, S.A.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	93.3	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Ribera Salud Tecnologias S.L.U.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Torrevieja Salud S.L.U.....	ESP.....	NIA.....	Ribera Salud, S.A.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Torrevieja Salud UTE.....	ESP.....	NIA.....	Torrevieja Salud S.L.U.....	Ownership.....	35.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....					Torreon Salud, S.A.....	ESP.....	NIA.....	PRIMEROSALUD, S.L.....	Ownership.....	89.5	Centene Corporation.....	N.....	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	00000.....					MH Services International Holdings (UK) Limited.....	GBR.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					MH Services International (UK) Limited.....	GBR.....	NIA.....	MH Services International Holdings (UK) Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Operose Health Ltd.....	GBR.....	NIA.....	MH Services International (UK) Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Operose Health (Group) Ltd.....	GBR.....	NIA.....	MH Services International (UK) Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Operose Health Corporate Management Ltd.....	GBR.....	NIA.....	Operose Health (Group) Ltd.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Operose Health Services Ltd.....	GBR.....	NIA.....	Operose Health (Group) Ltd.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					The Practice Surgeries Limited.....	GBR.....	NIA.....	Operose Health (Group) Ltd.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Phoenix Primary Care Limited.....	GBR.....	NIA.....	The Practice Surgeries Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Phoenix Primary (South) Limited.....	GBR.....	NIA.....	The Practice Surgeries Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Health Holdings Limited.....	GBR.....	NIA.....	MH Services International (UK) Limited.....	Ownership.....	19.9.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Holdings Limited.....	JEY.....	NIA.....	Circle Health Holdings Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Health Properties Limited.....	JEY.....	NIA.....	Circle Holdings Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Health Property (South Manchester) Limited.....	JEY.....	NIA.....	Health Properties Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Partnership Limited.....	YGB.....	NIA.....	Circle Holdings Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Health Limited.....	GBR.....	NIA.....	Circle Partnership Limited.....	Ownership.....	49.9.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle International Plc.....	GBR.....	NIA.....	Circle Holdings Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Health Limited.....	GBR.....	NIA.....	Circle International Plc.....	Ownership.....	50.1.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Nations Healthcare Limited.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Nottingham Limited.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Rehabilitation Services.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Hospital (Bath) Limited.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Hospital (Reading) Limited.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Clinical Services Limited.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....
01295.....	Centene Corporation.....	00000.....					Circle Birmingham Limited.....	GBR.....	NIA.....	Circle Health Limited.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	.0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

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01295.....	Centene Corporation.....	00000.....					Circle Harmony Health Limited	CHN.....	NIA.....	Circle Health Limited.....	Ownership.....	50.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....					Shanghai Circle Harmony Hospital Management.....	CHN.....	NIA.....	Circle Harmony Health Limited	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....					Centene Europe Finance Company Limited.....	MLT.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-1172163.....				Centene Health Plan Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	16395.....	82-5032556.....				Ambetter of North Carolina, Inc.....	NC.....	IA.....	Centene Health Plan Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-2699483.....				Carolina Complete Health Holding Company Partnership.....	DE.....	NIA.....	Centene Health Plan Holdings, Inc.....	Ownership.....	80.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	16526.....	82-2699332.....				Carolina Complete Health, Inc.....	NC.....	IA.....	Carolina Complete Health Holding Company Partnership.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-3380290.....				New York Quality Healthcare Corporation.....	NY.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	55-0878053.....				Salus Administrative Services, Inc.....	NY.....	NIA.....	New York Quality Healthcare Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-0802846.....				Salus IPA, LLC.....	NY.....	NIA.....	Salus Administrative Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-4670677.....				Calibrate Acquisition Co.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	47-4179393.....				Community Medical Holdings Corp.....	DE.....	NIA.....	Calibrate Acquisition Co.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	46-3485489.....				Access Medical Acquisition, Inc.....	DE.....	NIA.....	Community Medical Holdings Corp.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3191569.....				Access Medical Group of North Miami Beach, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3191719.....				Access Medical Group of Miami, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3192283.....				Access Medical Group of Hialeah, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3199819.....				Access Medical Group of Westchester, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3505196.....				Access Medical Group of Opa-Locka, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3192955.....				Access Medical Group of Perrine, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	45-3192366.....				Access Medical Group of Florida City, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-1737078.....				Access Medical Group of Tampa, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-1750978.....				Access Medical Group of Tampa II, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	82-1773315.....				Access Medical Group of Tampa III, Inc.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	
01295.....	Centene Corporation.....	00000.....	84-2750188.....				Access Medical Group of Lakeland, LLC.....	FL.....	NIA.....	Access Medical Acquisition, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....N.....	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	82-4883921.....				Interpreta Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	80.1.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	46-5517858.....				Interpreta, Inc.....	DE.....	NIA.....	Interpreta Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	82-4581788.....				Patriots Holding Co.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....					RxAdvance Corporation.....	DE.....	NIA.....	Patriots Holding Co.....	Ownership.....	30.3.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	84-3707689.....				Centene Venture Company Alabama Health Plan, Inc.....	AL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	16613.....	83-2446307.....				Centene Venture Company Michigan.....	MI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	32-2434596.....				Next Door Neighbors, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	60.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	83-2381790.....				Next Door Neighbors, Inc.....	DE.....	NIA.....	Next Door Neighbors, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	16505.....	83-2425735.....				Centene Venture Company Illinois.....	IL.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	16528.....	83-2409040.....				Centene Venture Company Kansas.....	KS.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	16499.....	83-2434596.....				Centene Venture Company Florida.....	FL.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	84-3679376.....				Centene Venture Company Indiana, Inc.....	IN.....	NIA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	84-3724374.....				Centene Venture Company Tennessee.....	TN.....	NIA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....					HealthEC, LLC.....		NIA.....	Centene Corporation.....	Ownership.....	12.8.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	83-4144116.....				Arch Personalized Medicine Initiative, LLC.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	50.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	83-4205348.....				Social Health Bridge, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	84-6403386.....				Social Health Bridge Trust.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....					Wellington Merger Sub I, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	83-4405939.....				Wellington Merger Sub II, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	95448.....	71-0794605.....				QCA Healthplan, Inc.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	70998.....	71-0386640.....				Qualchoice Life and Health Insurance Company.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	83-3502610.....				Hudson Acquisition, LLC.....	TX.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	36-4099199.....				HealthSmart Benefits Management, LLC.....	TX.....	NIA.....	Hudson Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	
01295.....	Centene Corporation.....	00000.....	20-2387587.....				Parker LP, LLC.....	NV.....	NIA.....	HealthSmart Benefits Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	

## 41.13

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-1406317	Centene Corporation	288,000,000	(725,851,072)	0	0	(38,482,724)	0		0	(476,333,795)	0
71013	39-0993433	Bankers Reserve Life Insurance Co of Wi	0	0	0	0	(489,321,861)	(4,671,430)		0	(493,993,291)	(9,624,833)
00000	46-2860967	Health Plan Real Estate Holding, Inc.	0	0	0	0	0	0		0	0	0
12315	20-3174593	Peach State Health Plan, Inc.	(25,000,000)	0	0	0	(313,273,395)	0		0	(338,273,395)	0
15713	46-4829006	Iowa Total Care, Inc.	0	66,000,000	0	0	(201,779,892)	1,742,370		0	(134,037,523)	78,000
11834	32-0045282	Buckeye Community Health Plan, Inc.	(60,000,000)	0	0	0	(794,648,636)	3,646,689		0	(851,001,946)	4,181,833
12959	20-5693998	Absolute Total Care, Inc.	0	0	0	0	(192,966,482)	(19,211)		0	(192,985,693)	0
95831	39-1821211	Coordinated Care Co dba Managed Hlth Svc	(20,000,000)	0	0	0	(638,243,579)	0		0	(658,243,579)	0
00000	46-5523218	Healthy Washington Holdings, Inc.	0	0	0	0	0	0		0	0	0
15352	46-2578279	Coordinated Care of Washington, Inc.	0	11,000,000	0	0	(79,593,215)	0		0	(68,593,215)	0
96822	39-1678579	Managed Health Services Insurance Corp.	(10,000,000)	0	0	0	(45,224,700)	355,459		0	(54,869,241)	0
60078	86-0819817	Hallmark Life Insurance Co	0	0	0	0	(52,841,530)	0		0	(52,841,530)	0
95647	74-2770542	Superior HealthPlan, Inc.	0	0	0	0	(1,097,058,741)	0		0	(1,097,058,741)	0
00000	27-0916294	Healthy Louisiana Holdings LLC	0	0	0	0	0	0		0	0	0
13970	27-1287287	Louisiana Healthcare Connections, Inc.	0	0	0	0	(634,145,078)	0		0	(634,145,078)	0
13923	20-8570212	Magnolia Health Plan Inc.	0	106,500,000	0	0	(437,836,351)	0		0	(331,336,351)	0
14053	27-2186150	IlliniCare Health Plan, Inc.	0	37,500,000	0	0	(620,451,501)	0		0	(582,951,501)	0
00000	26-0557093	Sunshine Health Holding LLC	0	0	0	0	0	0		0	0	0
13148	20-8937577	Sunshine State Health Plan, Inc.	0	0	0	0	(677,502,007)	0		0	(677,502,007)	0
14100	45-1294925	Kentucky Spirit Health Plan, Inc.	(3,000,000)	0	0	0	(80,570)	0		0	(3,080,570)	0
00000	45-5070230	Healthy Missouri Holding, Inc.	0	0	0	0	0	0		0	0	0
14218	45-2798041	Home State Health Plan, Inc.	0	9,000,000	0	0	(146,131,194)	0		0	(137,131,194)	0
14345	45-3276702	Sunflower State Health Plan, Inc.	0	0	0	0	(356,113,513)	0		0	(356,113,513)	0
14226	45-4792498	Granite State Health Plan, Inc.	0	9,500,000	0	0	(138,833,623)	1,178,607		0	(128,155,015)	0
00000	46-0907261	California Health and Wellness Plan	0	0	0	0	(1,184,376)	0		0	(1,184,376)	0
10769	30-0312489	Michigan Complete Health, Inc.	0	8,500,000	0	0	(19,998,202)	2,674		0	(11,495,528)	0
16351	45-5583511	Western Sky Community Care, Inc.	0	59,500,000	0	0	(66,416,932)	261,178		0	(6,655,755)	350,782
00000	26-1849394	Tennessee Total Care, Inc.	0	0	0	0	0	0		0	0	0
16143	20-4761189	SilverSummit Healthplan, Inc.	0	11,000,000	0	0	(132,961,777)	(393,080)		0	(122,354,857)	0
00000	22-3292245	University Health Plans, Inc.	0	0	0	0	0	0		0	0	0
00000	20-0483299	Agate Resources, Inc.	0	0	0	0	0	0		0	0	0
12559	42-1694349	Trillium Community Health Plan, Inc.	0	0	0	0	(152,716,241)	660,055		0	(152,056,186)	1,330,096
15902	47-5123293	Nebraska Total Care, Inc.	0	0	0	0	(157,964,379)	(2,869,306)		0	(160,833,685)	3,684,122
16041	47-5340613	Pennsylvania Health & Wellness, Inc.	0	127,000,000	0	0	(108,231,669)	0		0	18,768,331	0
15912	47-5664832	Superior HealthPlan Community Solutions	0	2,000,000	0	0	(6,934,434)	0		0	(4,934,434)	0
15927	47-5667095	Sunshine Health Community Solutions	0	0	0	0	(3,109,642)	0		0	(3,109,642)	0
16112	47-5664342	Buckeye Health Plan Community Solutions	0	1,000,000	0	0	(6,690,356)	0		0	(5,690,356)	0
16130	81-1282251	Arkansas Health & Wellness Health Plan	0	61,710,000	0	0	(51,625,282)	122,516		0	10,207,234	0
00000	38-4042368	Arkansas Total Care Holding Company, LLC	0	0	0	0	0	0		0	0	0
16256	82-2649097	Arkansas Total Care, Inc.	0	29,000,000	0	0	(54,949,046)	0		0	(25,949,046)	0
00000	81-3121527	Oklahoma Complete Health Inc.	0	0	0	0	0	0		0	0	0
00000	20-4980875	Bridgeway Health Solutions, LLC	0	0	0	0	0	0		0	0	0
16310	20-4980818	Bridgeway Health Solutions of Arizona	0	0	0	0	(44,554,114)	0		0	(44,554,114)	0



SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	36-2979209	Celtic Group, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
80799	06-0641618	Celtic Insurance Company	(162,000,000)	.0	.0	.0	(2,049,858,495)	.0	.	.0	(2,211,858,495)	.0
15762	35-2525384	Ambetter of Magnolia Inc.	.0	.0	.0	.0	(186,313,993)	.0	.	.0	(186,313,993)	.0
15729	36-4802632	Ambetter of Peach State Inc.	.0	.0	.0	.0	(536,401,579)	.0	.	.0	(536,401,579)	.0
00000	27-2221367	Novasys Health, Inc.	.0	.0	.0	.0	1,232,671	.0	.	.0	1,232,671	.0
00000	26-4278205	CeltiCare Health Plan Holdings LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
13632	26-4818440	CeltiCare Health Plan of Massachusetts	(8,000,000)	.0	.0	.0	(147,749)	.0	.	.0	(8,147,749)	.0
00000	39-1864073	Centene Management Company LLC	.0	.0	.0	.0	3,515,787,405	.0	.	.0	3,515,787,405	.0
00000	20-0057283	CMC Real Estate Co. LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	26-4094682	Centene Center LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	82-1816153	Centene Center I, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	47-5156015	Centene Center II, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	82-2761995	Illinois Health Practice Alliance, LLC	.0	.0	.0	.0	23,528,629	.0	.	.0	23,528,629	.0
00000	84-3023173	Integrated Care Network of Florida, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	46-2798132	Lifeshare Management Group, LLC	.0	.0	.0	.0	230,510	.0	.	.0	230,510	.0
00000	20-2074217	CCTX Holdings, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	74-2810404	Centene Company of Texas, LP	.0	.0	.0	.0	566,590,106	.0	.	.0	566,590,106	.0
00000	20-2074277	Centene Holdings, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	43-1795436	MHS Travel & Charter, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	46-4855483	Health Care Enterprises, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	74-2892993	Integrated Mental Health Management	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	74-2785494	Integrated Mental Health Services	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	22-3889471	Envolve Holdings, LLC	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	68-0461584	Cenpatico Behavioral Health, LLC	.0	.0	.0	.0	38,244	.0	.	.0	38,244	.0
00000	20-1624120	Cenpatico Behavioral Health of Arizona	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	80-0879942	Cenpatico of Arizona Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	37-1788565	Envolve, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	47-3454898	Envolve - New York, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	06-1476380	Envolve PeopleCare, Inc.	.0	.0	.0	.0	60,403,955	.0	.	.0	60,403,955	.0
00000	47-2516714	LiveHealthier, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	61-1846191	Envolve Benefits Options, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	20-4730341	Envolve Vision Benefits, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	36-4520004	Envolve Captive Insurance Company, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
95302	75-2592153	Envolve Vision of Texas, Inc.	.0	.0	.0	.0	37,045,267	.0	.	.0	37,045,267	.0
00000	20-4773088	Envolve Vision, Inc.	.0	.0	.0	.0	159,420,031	.0	.	.0	159,420,031	.0
00000	83-2460878	Envolve Vision IPA of New York, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	65-0094759	Envolve Vision of Florida, Inc.	.0	.0	.0	.0	19,106,557	.0	.	.0	19,106,557	.0
00000	20-4861241	Envolve Total Vision, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	82-2908582	Envolve Optical, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
00000	46-2783884	Envolve Dental, Inc.	.0	.0	.0	.0	372,330,209	.0	.	.0	372,330,209	.0
00000	81-2969330	Envolve Dental of Florida, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0
16106	81-2796896	Envolve Dental of Texas, Inc.	.0	.0	.0	.0	1,394,431	.0	.	.0	1,394,431	.0
00000	83-1464482	Envolve Dental IPA of New York, Inc.	.0	.0	.0	.0	.0	.0	.	.0	.0	.0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	77-0578529	Envolve Pharmacy Solutions, Inc.	0	0	0	0	5,876,924,781	0		0	5,876,924,781	0
00000	76-0511700	LBB Industries, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2612875	RX Direct, Inc.	0	0	0	0	0	0		0	0	0
00000	46-2307356	Envolve Pharmacy IPA, LLC	0	0	0	0	0	0		0	0	0
00000	90-0636938	Casenet LLC	0	0	0	0	0	0		0	0	0
00000		Casenet S.R.O.	0	0	0	0	0	0		0	0	0
00000	82-5316510	MHM Services, Inc.	0	0	0	0	0	0		0	0	0
00000	90-0766502	Centurion LLC	0	0	0	0	0	0		0	0	0
00000	81-4228054	Centurion of Arizona, LLC	0	0	0	0	0	0		0	0	0
00000	47-1686283	Centurion of Vermont, LLC	0	0	0	0	0	0		0	0	0
00000	47-2967381	Centurion of Mississippi, LLC	0	0	0	0	0	0		0	0	0
00000	30-0752651	Centurion of Tennessee, LLC	0	0	0	0	0	0		0	0	0
00000	46-2717814	Centurion of Minnesota, LLC	0	0	0	0	0	0		0	0	0
00000	81-1161492	Centurion Correctional Healthcare of NM	0	0	0	0	0	0		0	0	0
00000	81-0687470	Centurion of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	81-4938030	Centurion of Maryland, LLC	0	0	0	0	0	0		0	0	0
00000	82-2268901	Centurion of Alabama, LLC	0	0	0	0	0	0		0	0	0
00000	82-3128848	Centurion of Georgia, LLC	0	0	0	0	0	0		0	0	0
00000	82-4735175	Centurion Detention Health Services, LLC	0	0	0	0	0	0		0	0	0
00000	82-4823469	Centurion of New Hampshire, LLC	0	0	0	0	0	0		0	0	0
00000	82-4823469	Centurion of Pennsylvania, LLC	0	0	0	0	0	0		0	0	0
00000	46-4839132	Centurion of West Virginia, LLC	0	0	0	0	0	0		0	0	0
00000	84-3436283	Centurion of Kansas, LLC	0	0	0	0	0	0		0	0	0
00000	84-3767794	Centurion of Delaware, LLC	0	0	0	0	0	0		0	0	0
00000	84-3857653	Centurion of Wyoming, LLC	0	0	0	0	0	0		0	0	0
00000	54-1856340	MHM Correctional Services, LLC	0	0	0	0	0	0		0	0	0
00000	51-0620904	MHM Services of California, LLC	0	0	0	0	0	0		0	0	0
00000	60-0002002	MHM Solutions, LLC	0	0	0	0	0	0		0	0	0
00000	26-1877007	Forensic Health Services, LLC	0	0	0	0	0	0		0	0	0
00000	46-1734817	MHM Health Professionals, LLC	0	0	0	0	0	0		0	0	0
00000	27-3617766	Specialty Therapeutic Care Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	73-1698808	Specialty Therapeutic Care, LP	0	0	0	0	0	0		0	0	0
00000	73-1698807	Specialty Therapeutic Care, GP, LLC	0	0	0	0	0	0		0	0	0
00000	80-0856383	AcariaHealth Solutions, Inc.	0	0	0	0	0	0		0	0	0
00000	45-2780334	AcariaHealth, Inc.	0	0	0	0	0	0		0	0	0
00000	27-1599047	AcariaHealth Pharmacy #14, Inc.	0	0	0	0	0	0		0	0	0
00000	20-8192615	AcariaHealth Pharmacy #11, Inc.	0	0	0	0	0	0		0	0	0
00000	27-2765424	AcariaHealth Pharmacy #12, Inc.	0	0	0	0	0	0		0	0	0
00000	26-0226900	AcariaHealth Pharmacy #13, Inc.	0	0	0	0	0	0		0	0	0
00000	13-4262384	AcariaHealth Pharmacy, Inc.	0	0	0	0	0	0		0	0	0
00000	27-3707698	HomeScripts.com, LLC	0	0	0	0	0	0		0	0	0
00000	20-8235695	New York Rx, Inc.	0	0	0	0	0	0		0	0	0
00000	20-0873587	Foundation Care, LLC	0	0	0	0	0	0		0	0	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	27-0275614	U.S. Medical Management Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	38-3153946	U.S. Medical Management, LLC	0	0	0	0	28,595,620	0		0	28,595,620	0
00000	31-1733889	RMED, LLC	0	0	0	0	0	0		0	0	0
00000	47-2138680	IAH of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	51-0581762	Heritage Home Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	20-2827613	Grace Hospice of Austin, LLC	0	0	0	0	0	0		0	0	0
00000	20-1530070	ComfortBrook Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	20-4996551	Comfort Hospice of Texas, LLC	0	0	0	0	0	0		0	0	0
00000	20-2827526	Grace Hospice of San Antonio, LLC	0	0	0	0	0	0		0	0	0
00000	45-0679248	Grace Hospice of Grand Rapids, LLC	0	0	0	0	0	0		0	0	0
00000	45-0634905	Grace Hospice of Indiana, LLC	0	0	0	0	0	0		0	0	0
00000	45-5080637	Grace Hospice of Virginia, LLC	0	0	0	0	0	0		0	0	0
00000	45-5080567	Comfort Hospice of Missouri, LLC	0	0	0	0	0	0		0	0	0
00000	46-1708834	Grace Hospice of Wisconsin, LLC	0	0	0	0	0	0		0	0	0
00000	81-5129923	Grace Hospice of Illinois, LLC	0	0	0	0	0	0		0	0	0
00000	26-4435532	Seniorcorps Peninsula, LLC	0	0	0	0	0	0		0	0	0
00000	33-1179031	R&C Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC	0	0	0	0	0	0		0	0	0
00000	03-0556422	Country Style Health Care, LLC	0	0	0	0	0	0		0	0	0
00000	14-1878333	Phoenix Home Health Care, LLC	0	0	0	0	0	0		0	0	0
00000	75-2635025	Traditional Home Health Services, LLC	0	0	0	0	0	0		0	0	0
00000	38-2751108	Family Nurse Care, LLC	0	0	0	0	0	0		0	0	0
00000	20-5108540	Family Nurse Care II, LLC	0	0	0	0	0	0		0	0	0
00000	20-3920947	Family Nurse Care of Ohio, LLC	0	0	0	0	0	0		0	0	0
00000	46-4229858	Pinnacle Senior Care of Wisconsin, LLC	0	0	0	0	0	0		0	0	0
00000	81-1565426	Pinnacle Senior Care of Indiana, LLC	0	0	0	0	0	0		0	0	0
00000	76-0713516	Pinnacle Home Care, LLC	0	0	0	0	0	0		0	0	0
00000	59-3519060	North Florida Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	47-1742728	Pinnacle Sr. Care of Kalamazoo, LLC	0	0	0	0	0	0		0	0	0
00000	46-1734288	Hospice DME Company, LLC	0	0	0	0	0	0		0	0	0
00000	20-4364776	Rapid Respiratory Services, LLC	0	0	0	0	0	0		0	0	0
00000	46-5735993	USMM Accountable Care Partners, LLC	0	0	0	0	0	0		0	0	0
00000	83-3534462	Pinnacle Senior Care of Illinois, LLC	0	0	0	0	0	0		0	0	0
00000	38-3176990	VPA, P.C.	0	0	0	0	0	0		0	0	0
00000	47-2159305	IAH of Michigan, PLLC	0	0	0	0	0	0		0	0	0
00000	47-2146160	IAH of Wisconsin, PLLC	0	0	0	0	0	0		0	0	0
00000	20-2386997	VPA of Texas	0	0	0	0	0	0		0	0	0
00000	35-2519603	IAH of Texas, PLLC	0	0	0	0	0	0		0	0	0
00000	36-4539790	Advantechs X-Ray Imaging Services	0	0	0	0	0	0		0	0	0
00000	47-5208076	Health Net, LLC	75,000,000	0	0	0	136,778,456	0		0	211,778,456	0
00000	95-4402957	Health Net of California, Inc.	0	0	0	0	(12,049,771)	0		0	(12,049,771)	0
66141	73-0654885	Health Net Life Insurance Company	0	0	0	0	(214,470,199)	(2,098,771)		0	(216,568,970)	21,673,737
00000	98-0409907	Health Net Life Reinsurance Company	0	0	0	0	0	2,098,771		0	2,098,771	(21,673,737)

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
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00000	95-4117722	Managed Health Network, LLC.....	0	0	0	0	(20,615)	0		0	(20,615)	0
00000	95-3817988	Managed Health Network.....	0	0	0	0	4,145,706	0		0	4,145,706	0
00000	95-4146179	MHN Services, LLC.....	0	0	0	0	8,097,814	0		0	8,097,814	0
00000	68-0214809	Health Net Federal Services, LLC.....	0	0	0	0	0	0		0	0	0
00000	42-1680916	MHN Government Services LLC.....	0	0	0	0	0	0		0	0	0
00000	90-0889803	MHN Government Services-Guam, Inc.....	0	0	0	0	0	0		0	0	0
00000	90-0889825	MHN Government Services-International.....	0	0	0	0	0	0		0	0	0
00000	90-0889815	MHN Government Services-Puerto Rico.....	0	0	0	0	0	0		0	0	0
00000	88-0357895	Network Providers, LLC.....	0	0	0	0	0	0		0	0	0
00000	35-2490375	Health Net Veterans, LLC.....	0	0	0	0	0	0		0	0	0
95800	93-1004034	Health Net Health Plan of Oregon, Inc.....	0	17,000,000	0	0	(135,971,814)	0		0	(118,971,814)	0
00000	54-2174068	Health Net Community Solutions, Inc.....	0	0	0	0	0	0		0	0	0
95206	36-3097810	Health Net of Arizona, Inc.....	(75,000,000)	0	0	0	(314,445,048)	0		0	(389,445,048)	0
00000	68-0295375	Health Net Pharmaceutical Services.....	0	0	0	0	447,975,978	0		0	447,975,978	0
15895	81-1348826	Health Net Community Solutions of AZ.....	0	0	0	0	(11,435,009)	0		0	(11,435,009)	0
00000	46-2616037	Health Net Access, Inc.....	0	0	0	0	0	(16,520)		0	(16,520)	0
00000	20-8630006	MHS Consulting, International, Inc.....	0	0	0	0	0	0		0	0	0
00000	83-1047281	Centene International Ventures, LLC.....	0	0	0	0	0	0		0	0	0
00000	27-2075447	MHS European Holdings s.a.r.l.....	0	0	0	0	0	0		0	0	0
00000		PRIMEROSALUD, S.L.....	0	0	0	0	0	0		0	0	0
00000		Ribera Salud, S.A.....	0	0	0	0	0	0		0	0	0
00000		Torre vieja Salud UTE.....	0	0	0	0	0	0		0	0	0
00000		Ribera Salud II.....	0	0	0	0	0	0		0	0	0
00000		ERESCANNER.....	0	0	0	0	0	0		0	0	0
00000		BR Salud UTE.....	0	0	0	0	0	0		0	0	0
00000		Marina Salud.....	0	0	0	0	0	0		0	0	0
00000		Villa Maria del Triunfo Salud S.A. C.....	0	0	0	0	0	0		0	0	0
00000		Callao Salud S.A.C.....	0	0	0	0	0	0		0	0	0
00000		Infraestructuras y Servicios de Alzira.....	0	0	0	0	0	0		0	0	0
00000		Elche-Crevillente Salud.....	0	0	0	0	0	0		0	0	0
00000		B2B Salud.....	0	0	0	0	0	0		0	0	0
00000		B2B Gestion integral, S.L.....	0	0	0	0	0	0		0	0	0
00000		B2B Lab,S.L.....	0	0	0	0	0	0		0	0	0
00000		Ribera Salud proyectos S.L.....	0	0	0	0	0	0		0	0	0
00000		Ribera-Quilpro UTE.....	0	0	0	0	0	0		0	0	0
00000		Ribera Salud Infraestructuras S.L.U.....	0	0	0	0	0	0		0	0	0
00000		Pro Diagnostic Group, a.s.....	0	0	0	0	0	0		0	0	0
00000		Pro RTG.....	0	0	0	0	0	0		0	0	0
00000		DR Magnet.....	0	0	0	0	0	0		0	0	0
00000		Pro Magnet.....	0	0	0	0	0	0		0	0	0
00000		Medicina NZ.....	0	0	0	0	0	0		0	0	0
00000		MR Poprad.....	0	0	0	0	0	0		0	0	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
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00000		CT Poprad	0	0	0	0	0	0		0	0	0
00000		MR Zilina	0	0	0	0	0	0		0	0	0
00000		Pro Magnet CZ	0	0	0	0	0	0		0	0	0
00000		Progress Medical a.s.	0	0	0	0	0	0		0	0	0
00000		OB Klinika, a.s.	0	0	0	0	0	0		0	0	0
00000		OB Care, s.r.o.	0	0	0	0	0	0		0	0	0
00000		Hospital Povisa, S.A.	0	0	0	0	0	0		0	0	0
00000		Ribera Salud Tecnologias S.L.U.	0	0	0	0	0	0		0	0	0
00000		Torre vieja Salud S.L.U.	0	0	0	0	0	0		0	0	0
00000		Torrejon Salud, S.A.	0	0	0	0	0	0		0	0	0
00000		MH Services International Holdings (UK)	0	0	0	0	0	0		0	0	0
00000		MH Services International (UK) Limited	0	0	0	0	0	0		0	0	0
00000		Operose Health Ltd.	0	0	0	0	0	0		0	0	0
00000		Operose Health (Group) Ltd	0	0	0	0	0	0		0	0	0
00000		Operose Health Corporate Management Ltd.	0	0	0	0	0	0		0	0	0
00000		Operose Health Services Ltd.	0	0	0	0	0	0		0	0	0
00000		The Practice Surgeries Limited	0	0	0	0	0	0		0	0	0
00000		Phoenix Primary Care Limited	0	0	0	0	0	0		0	0	0
00000		Phoenix Primary (South) Limited	0	0	0	0	0	0		0	0	0
00000		Circle Health Holdings Limited	0	0	0	0	0	0		0	0	0
00000		Circle Holdings Limited	0	0	0	0	0	0		0	0	0
00000		Health Properties Limited	0	0	0	0	0	0		0	0	0
00000		Health Property (South Manchester)	0	0	0	0	0	0		0	0	0
00000		Circle Partnership Limited	0	0	0	0	0	0		0	0	0
00000		Circle Health Limited	0	0	0	0	0	0		0	0	0
00000		Circle International Plc.	0	0	0	0	0	0		0	0	0
00000		Nations Healthcare Limited	0	0	0	0	0	0		0	0	0
00000		Circle Nottingham Limited	0	0	0	0	0	0		0	0	0
00000		Circle Rehabilitation Services	0	0	0	0	0	0		0	0	0
00000		Circle Hospital (Bath) Limited	0	0	0	0	0	0		0	0	0
00000		Circle Hospital (Reading) Limited	0	0	0	0	0	0		0	0	0
00000		Circle Clinical Services Limited	0	0	0	0	0	0		0	0	0
00000		Circle Birmingham Limited	0	0	0	0	0	0		0	0	0
00000		Circle Harmony Health Limited	0	0	0	0	0	0		0	0	0
00000		Shanghai Circle Harmony Hospital Mgmt	0	0	0	0	0	0		0	0	0
00000		Centene Europe Finance Company Limited	0	0	0	0	0	0		0	0	0
00000	82-1172163	Centene Health Plan Holdings, Inc.	0	0	0	0	0	0		0	0	0
16395	82-5032556	Ambetter of North Carolina, Inc.	0	9,500,000	0	0	(24,803,909)	0		0	(15,303,909)	0
00000	82-2699483	Carolina Complete Health Holding Company	0	0	0	0	0	0		0	0	0
16526	82-2699332	Carolina Complete Health, Inc.	0	83,629,692	0	0	(136,557)	0		0	83,493,135	0
00000	82-3380290	New York Quality Healthcare Corporation	0	0	0	0	0	0		0	0	0
00000	55-0878053	Salus Administrative Services, Inc.	0	0	0	0	(86)	0		0	(86)	0
00000	82-0802846	Salus IPA, LLC	0	0	0	0	0	0		0	0	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	82-4670677	Calibrate Acquisition Co.	0	0	0	0	0	0		0	0	0
00000	47-4179393	Community Medical Holdings Corp.	0	0	0	0	0	0		0	0	0
00000	46-3485489	Access Medical Acquisition, Inc.	0	0	0	0	241,159	0		0	241,159	0
00000	45-3191569	Access Medical Group of N. Miami Beach	0	0	0	0	0	0		0	0	0
00000	45-3191719	Access Medical Group of Miami, Inc.	0	0	0	0	0	0		0	0	0
00000	45-3192283	Access Medical Group of Hialeah, Inc.	0	0	0	0	0	0		0	0	0
00000	45-3199819	Access Medical Group of Westchester	0	0	0	0	0	0		0	0	0
00000	45-3505196	Access Medical Group of Opa-Locka, Inc.	0	0	0	0	0	0		0	0	0
00000	45-3192955	Access Medical Group of Perrine, Inc.	0	0	0	0	0	0		0	0	0
00000	45-3192366	Access Medical Group of Florida City	0	0	0	0	0	0		0	0	0
00000	82-1737078	Access Medical Group of Tampa, Inc.	0	0	0	0	0	0		0	0	0
00000	82-1750978	Access Medical Group of Tampa II, Inc.	0	0	0	0	0	0		0	0	0
00000	82-1773315	Access Medical Group of Tampa III, Inc.	0	0	0	0	0	0		0	0	0
00000	84-2750188	Access Medical Group of Lakeland, LLC	0	0	0	0	0	0		0	0	0
00000	82-4883921	Interpreta Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	46-5517858	Interpreta, Inc.	0	0	0	0	415,219	0		0	415,219	0
00000	82-4581788	Patriots Holding Co.	0	0	0	0	0	0		0	0	0
00000		RxAdvance Corporation	0	0	0	0	0	0		0	0	0
00000	84-3707689	Centene Venture Company AL Health Plan	0	0	0	0	0	0		0	0	0
16613	83-2446307	Centene Venture Company Michigan	0	1,511,380	0	0	(3,254)	0		0	1,508,126	0
00000	32-2434596	Next Door Neighbors, LLC	0	0	0	0	0	0		0	0	0
00000	83-2381790	Next Door Neighbors, Inc.	0	0	0	0	0	0		0	0	0
16505	83-2425735	Centene Venture Company Illinois	0	0	0	0	(6,760)	0		0	(6,760)	0
16528	83-2409040	Centene Venture Company Kansas	0	0	0	0	(1,639)	0		0	(1,639)	0
16499	83-2434596	Centene Venture Company Florida	0	0	0	0	(65,025)	0		0	(65,025)	0
00000	84-3679376	Centene Venture Company Indiana, Inc.	0	0	0	0	0	0		0	0	0
00000	84-3724374	Centene Venture Company Tennessee	0	0	0	0	0	0		0	0	0
00000		HealthEC, LLC	0	0	0	0	0	0		0	0	0
00000	83-4144116	Arch Personalized Medicine Initiative	0	0	0	0	0	0		0	0	0
00000	83-4205348	Social Health Bridge, LLC	0	0	0	0	0	0		0	0	0
00000	84-6403386	Social Health Bridge Trust	0	0	0	0	0	0		0	0	0
00000		Wellington Merger Sub I, LLC	0	0	0	0	0	0		0	0	0
00000	83-4405939	Wellington Merger Sub II, Inc.	0	0	0	0	0	0		0	0	0
95448	71-0794605	QCA Healthplan, Inc.	0	40,800,000	0	0	(7,253,964)	0		0	33,546,036	0
70998	71-0386640	Qualchoice Life and Health Insurance Co.	0	34,200,000	0	0	(5,032,243)	0		0	29,167,757	0
00000	83-3502610	Hudson Acquisition, LLC	0	0	0	0	0	0		0	0	0
00000	36-4099199	HealthSmart Benefits Management, LLC	0	0	0	0	0	0		0	0	0
00000	20-2387587	Parker LP, LLC	0	0	0	0	0	0		0	0	0
00000	75-2508316	HealthSmart Preferred Care II, LP	0	0	0	0	0	0		0	0	0
00000	20-3394046	HealthSmart Primary Care Clinics, LP	0	0	0	0	0	0		0	0	0
00000	75-2960859	HealthSmart Care Management Solutions	0	0	0	0	0	0		0	0	0
00000	75-2727437	HealthSmart Information Systems, Inc.	0	0	0	0	0	0		0	0	0
00000	36-4099199	HealthSmart Benefit Solutions, Inc.	0	0	0	0	0	0		0	0	0

## 42.7

## 42.7

## 42.7

## 42.7

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....YES.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....YES.....
13.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....YES.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....YES.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....
24.

Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25.

Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

13.

Not applicable
14.

Not applicable
16.

Not applicable
17.

Not applicable
18.

Not applicable
19.

Not applicable
20.

Not applicable

Bar code:





SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.



16.



17.



18.



19.



20.



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.  
\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. State Income Tax Receivable.....	9,172,080		9,172,080	
2505. ....			0	
2597. Summary of remaining write-ins for Line 25 from Page 2	9,172,080	0	9,172,080	0

M003 Additional Aggregate Lines for Page 03 Line 23.  
\*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. State income tax payable.....	4,877,060		4,877,060	5,802,012
2305. Advanced Premium Tax Credit Payable.....	787,956		787,956	888,313
2306. Quota Share Agreement.....	3,429,192		3,429,192	(604,346)
2397. Summary of remaining write-ins for Line 23 from Page 03	9,094,207	0	9,094,207	6,085,979

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

- | GENERAL INFORMATION |  |
|---------------------|--|
| 1.                  | If response in Column 1 is no, give full and complete details  |
| 2.                  | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state |
| 2.1                 | Address:   |
| 2.2                 | Contact Person and Phone Number:   |
| 3.                  | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).   |
| 3.1                 | Address:   |
| 3.2                 | Contact Person and Phone Number:   |
| 4.                  | Explain any policies identified above as policy type "O"   |



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

## 360.AK

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF American Samoa

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

[illegible]

## GENERAL INTERROGATORIES

- | GENERAL INFORMATION |  |
|---------------------|--|
| 1.                  | If response in Column 1 is no, give full and complete details  |
| 2.                  | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state |
| 2.1                 | Address:   |
| 2.2                 | Contact Person and Phone Number:   |
| 3.                  | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).   |
| 3.1                 | Address:   |
| 3.2                 | Contact Person and Phone Number:   |
| 4.                  | Explain any policies identified above as policy type "O"   |



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Arizona

Title

Telephone Number

02999999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	0	0	0.0	0
---	---	---	-----	---	---	---	-----	---

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF California

NAIC Company Code 80799..

Person Completing This Exhibit

Title

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
- 2.1 Address:
- 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address:
- 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Colorado

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

[illegible]

## GENERAL INTERROGATORIES

- | GENERAL INFORMATION |  |
|---------------------|--|
| 1.                  | If response in Column 1 is no, give full and complete details  |
| 2.                  | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state |
| 2.1                 | Address:   |
| 2.2                 | Contact Person and Phone Number:   |
| 3.                  | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).   |
| 3.1                 | Address:   |
| 3.2                 | Contact Person and Phone Number:   |
| 4.                  | Explain any policies identified above as policy type "O"   |



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia

NAIC Company Code 80799.....

Person Completing This Exhibit

Title	Telephone Number
.....	

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

- 2.1 Address:

- 2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

- ### 3.1 Address:

- 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

[illegible]

## GENERAL INTERROGATORIES

- |   |  |
|---|--|
| 1. If response in Column 1 is no, give full and complete details  |  |
| 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state |  |
| 2.1 Address:  |  |
| 2.2 Contact Person and Phone Number:  |  |
| 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).   |  |
| 3.1 Address:  |  |
| 3.2 Contact Person and Phone Number:  |  |
| 4. Explain any policies identified above as policy type "O"   |  |



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Company Code 80799.....

Telephone Number .....

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

- ### 3.2 Contact Person and Phone Number:

- .....



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

GENERAL INFORMATION	
1. If response in Column 1 is no, give full and complete details	
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state	
2.1 Address:	
2.2 Contact Person and Phone Number:	
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).	
3.1 Address:	
3.2 Contact Person and Phone Number:	
4. Explain any policies identified above as policy type "O"	



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

0299999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	0	0	0.0	0
--	---	---	-----	---	---	---	-----	---

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

### 360.HI





For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

GENERAL INFORMATION	
1. If response in Column 1 is no, give full and complete details	
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state	
2.1 Address:	
2.2 Contact Person and Phone Number:	
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).	
3.1 Address:	
3.2 Contact Person and Phone Number:	
4. Explain any policies identified above as policy type "O"	

## 360.ME



**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts

NAIC Company Code 80799.....

Person Completing This Exhibit

Title

Telephone Number .....

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Minnesota

NAIC Company Code 80799.....

Person Completing This Exhibit

Title

Telephone Number .....

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

### 3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360.MN



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"

360.MS

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Missouri

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state:
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"





For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

NAIC Company Code 80799..

Telephone Number

\*\*\*\*\*

02999999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	0	0	0.0	0
---	---	---	-----	---	---	---	-----	---

1. If response in Column 1 is no, give full and complete details

- 2.1 Address:

- 2.2 Contact Person and Phone Number:

- 3.1 Address:

- ### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"





For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Company Code 80799.....

Person Completing This Exhibit

Telephone Number .....

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
- 2.1 Address:
- 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address:
- 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360.NH



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Company Code 80799.....

Person Completing This Exhibit

Title

Telephone Number .....

1. If response in Column 1 is no, give full and complete details

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
  2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
    - 2.1 Address:
    - 2.2 Contact Person and Phone Number:
  3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
    - 3.1 Address:
    - 3.2 Contact Person and Phone Number:
  4. Explain any policies identified above as policy type "O"

360.NJ



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF New Mexico

NAIC Company Code 80799.....

Person Completing This Exhibit

Telephone Number .....

360.NM

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

- 2.1 Address:

- 2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

- ### 3.1 Address:

- 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF New York

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"





For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

360.ND

4. Explain any policies identified above as policy type "O"







For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

0299999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	0	0	0.0	0
--	---	---	-----	---	---	---	-----	---

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

360.OK



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

360. OR

GENERAL INFORMATION	
1.	If response in Column 1 is no, give full and complete details
2.	Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1	Address:
2.2	Contact Person and Phone Number:
3.	Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1	Address:
3.2	Contact Person and Phone Number:
4.	Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

360.PR

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island

NAIC Company Code 80799..

Person Completing This Exhibit

Title

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
- 2.1 Address:
- 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address:
- 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF South Dakota

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"





For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

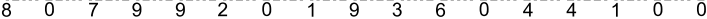
2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

# 360.TX



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands

NAIC Company Code 80799.....

Person Completing This Exhibit

Telephone Number .....

Title

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
- 2.1 Address:
- 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address:
- 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

360.UT

GENERAL INFORMATION	
1.	If response in Column 1 is no, give full and complete details
2.	Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1	Address:
2.2	Contact Person and Phone Number:
3.	Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1	Address:
3.2	Contact Person and Phone Number:
4.	Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Vermont

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

Title

NAIC Company Code 80799..

Telephone Number

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state:
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

- ### 3.2 Contact Person and Phone Number:



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360.WA



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit

NAIC Company Code 80799..

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

### 3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360.WV





For the Year Ended December 31, 2019  
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin

NAIC Company Code 80799.....

Person Completing This Exhibit

Telephone Number .....

Title

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

## GENERAL INTERROGATORIES

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

### 3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2019  
(To Be Filed by March 1)

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part E	E24
Schedule DB – Verification	SI14
Schedule DL – Part 1	E25
Schedule DL – Part 2	E26
Schedule E – Part 1 – Cash	E27
Schedule E – Part 2 – Cash Equivalents	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E29
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14





LIFE SUPPLEMENTS

For The Year Ended December 31, 2019

(To Be Filed By March 1)

Of The CELTIC INSURANCE COMPANY Insurance Company  
Address (City, State and Zip Code) Chicago, IL 60601  
NAIC Group Code 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618

**SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY**

## EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

[illegible]





EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?

Yes [ ] No [ X ]

1.2

If not, state which kind is issued:

2.1

Does the reporting entity at present issue both participating and non-participating contracts?

Yes [ ] No [ X ]

2.2

If not, state which kind is issued:

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [ X ] No [ ]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4.

Has the reporting entity any assessment or stipulated premium contracts in force?

Yes [ ] No [ X ]

If so, state:

4.1

Amount of insurance:

\$

4.2

Amount of reserve:

\$

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year:

\$

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [ ] No [ X ]

6.1

If so, state the amount or reserve on such contracts on the basis actually held:

\$

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year?

Yes [ ] No [ X ]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements?

\$

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3

State the amount of reserves established for this business:

\$

7.4

Identify where the reserves are reported in the Blank:

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?

Yes [ ] No [ X ]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$

8.2

State the amount of reserves established for this business:

\$

8.3

Identify where the reserves are reported in the blank:

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [ ] No [ X ]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:

\$

9.2

State the amount of reserves established for this business:

\$

9.3

Identify where the reserves are reported in the blank:

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year.....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

NONE

## SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

## SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities  
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

[illegible]

205-5

205-5

205-5

205-5



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,146	0	0	0	3,146
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,146	0	0	0	3,146
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	20,000	0	0	0	20,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	20,000	0	0	0	20,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	10	235,000	0	(a) 0	No. of Policies 0	0	0	0	10	235,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	10	235,000	0	(a) 0	0	0	0	0	10	235,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	90,427	105,369	0	50,862	54,687
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	90,427	105,369	0	50,862	54,687
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,427	105,369	0	50,862	54,687

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....14



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF   Alaska

DURING THE YEAR   2019

NAIC Group Code   1295

LIFE INSURANCE

NAIC Company Code   80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	0	0	0	0	0
2. Annuity considerations .....	0	0	0	0	0
3. Deposit-type contract funds .....	0	XXX	0	XXX	0
4. Other considerations .....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	0	0	0	0	0
6.2 Applied to pay renewal premiums .....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....	0	0	0	0	0
6.4 Other .....	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....	0	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	0	0	0	0	0
10. Matured endowments .....	0	0	0	0	0
11. Annuity benefits .....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts .....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	0	0	0	0	0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full ...	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims .....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net) .....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	3,898	3,898	0	481	486
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,898	3,898	0	481	486
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,898	3,898	0	481	486

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	587	0	0	0	587
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	587	0	0	0	587
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	2	70,000	(a)	0	No. of Policies	0	0	0	2	70,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(50,000)	0	0	0	0	0	0	(1)	(50,000)
23. In force December 31 of current year	1	20,000	(a)	0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,656	4,289	0	1,423	1,033
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,656	4,289	0	1,423	1,033
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,656	4,289	0	1,423	1,033

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF   Arkansas

DURING THE YEAR   2019

NAIC Group Code   1295

LIFE INSURANCE

NAIC Company Code   80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,913	0	0	0	5,913
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,913	0	0	0	5,913
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	24,000	0	0	0	24,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	24,000	0	0	0	24,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	50,000	0	(a) 0	0	0	0	0	1	50,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	50,000	0	(a) 0	0	0	0	0	1	50,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	383,498,577	383,498,577	0	154,068,307	154,329,539
25.6 Totals (sum of Lines 25.1 to 25.5)	383,498,577	383,498,577	0	154,068,307	154,329,539
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	383,498,577	383,498,577	0	154,068,307	154,329,539

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....68,705 and number of persons insured under indemnity only products .....0





SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	407	0	0	0	407
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	407	0	0	0	407
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	108,050	0	0	0	108,050
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	108,050	0	0	0	108,050
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	13,281	13,281	0	1,307	2,290
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	13,281	13,281	0	1,307	2,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,281	13,281	0	1,307	2,290

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....2



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	398	0	0	0	398
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	398	0	0	0	398
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	4,578	4,451	0	663	780
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,578	4,451	0	663	780
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,578	4,451	0	663	780

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,854	0	0	0	1,854
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,854	0	0	0	1,854
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	100,000	0	(a) 0	0	0	0	0	4	100,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	4	100,000	0	(a) 0	0	0	0	0	4	100,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	132,826	155,848	0	147,313	144,744
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	132,826	155,848	0	147,313	144,744
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	132,826	155,848	0	147,313	144,744

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....32



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	924	0	0	0	924
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	924	0	0	0	924
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	10,000	0	0	0	10,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	10,000	0	0	0	10,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	2	30,000	0	(a) 0	No. of Policies	0	0	0	2	30,000
21. Issued during year	0	0	0	0		0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	2	30,000	0	(a) 0	0	0	0	0	2	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	19,027	17,414	0	2,608	2,264
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	19,027	17,414	0	2,608	2,264
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,027	17,414	0	2,608	2,264

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....3



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida DURING THE YEAR 2019

NAIC Group Code 1295 LIFE INSURANCE NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,276	0	0	0	2,276
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,276	0	0	0	2,276
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	450,000	0	(a) 0	0	0	0	0	6	450,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	6	450,000	0	(a) 0	0	0	0	0	6	450,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	3,735,169	4,340,212	0	3,327,642	3,369,097
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	2,810,666,656	2,810,061,614	0	1,125,719,402	1,127,628,129
25.6 Totals (sum of Lines 25.1 to 25.5)	2,814,401,825	2,814,401,825	0	1,129,047,045	1,130,997,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,814,401,825	2,814,401,825	0	1,129,047,045	1,130,997,227

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 469,806 and number of persons insured under indemnity only products 946



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2019

NAIC Group Code 1295 LIFE INSURANCE NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	233,934	286,479	0	224,108	234,525
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	233,934	286,479	0	224,108	234,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	233,934	286,479	0	224,108	234,525

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 58



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF   Hawaii

DURING THE YEAR   2019

NAIC Group Code   1295

LIFE INSURANCE

NAIC Company Code   80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	0	0	0	0	0
2. Annuity considerations .....	0	0	0	0	0
3. Deposit-type contract funds .....	0	XXX	0	XXX	0
4. Other considerations .....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....	0	0	0	0	0
6.2 Applied to pay renewal premiums .....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....	0	0	0	0	0
6.4 Other .....	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....	0	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....	0	0	0	0	0
10. Matured endowments .....	0	0	0	0	0
11. Annuity benefits .....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts .....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	0	0	0	0	0
15. Totals .....	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full ...	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims .....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net) .....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0





SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,296	0	0	0	5,296
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,296	0	0	0	5,296
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	15	1,070,000	0	(a) 0	0	0	0	0	15	1,070,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(7)	(720,000)	0	0	0	0	0	0	(7)	(720,000)
23. In force December 31 of current year	8	350,000	0	(a) 0	0	0	0	0	8	350,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	31,776	30,834	0	22,693	24,399
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	99,643,283	99,644,224	0	39,908,815	39,976,483
25.6 Totals (sum of Lines 25.1 to 25.5)	99,675,059	99,675,059	0	39,931,508	40,000,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	99,675,059	99,675,059	0	39,931,508	40,000,882

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....23,156 and number of persons insured under indemnity only products .....6



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,219	0	0	0	2,219
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,219	0	0	0	2,219
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	5	35,000	0	(a) 0	No. of Policies 0	0	0	0	5	35,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(3,000)	0	0	0	0	0	0	(1)	(3,000)
23. In force December 31 of current year	4	32,000	0	(a) 0	0	0	0	0	4	32,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	257,766	334,831	0	265,735	274,836
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	470,081,721	470,004,656	0	188,275,658	188,594,891
25.6 Totals (sum of Lines 25.1 to 25.5)	470,339,487	470,339,487	0	188,541,393	188,869,727
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	470,339,487	470,339,487	0	188,541,393	188,869,727

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....75,482 and number of persons insured under indemnity only products .....50



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	151	0	0	0	151
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	151	0	0	0	151
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	1	20,000	0	(a) 0	No. of Policies 0	0	0	0	1	20,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	20,000	0	(a) 0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	52,517	65,611	0	49,701	42,677
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	52,517	65,611	0	49,701	42,677
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,517	65,611	0	49,701	42,677

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....10



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	17,594	26,524	0	21,295	20,821
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	17,594	26,524	0	21,295	20,821
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,594	26,524	0	21,295	20,821

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....4



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,220	0	0	0	1,220
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,220	0	0	0	1,220
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1	30,000	0	(a) 0	0	0	0	0	1	30,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	30,000	0	(a) 0	0	0	0	0	1	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	21,000	0	0	0	21,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	21,000	0	0	0	21,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	8,332	10,219	0	7,911	7,332
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	8,332	10,219	0	7,911	7,332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,332	10,219	0	7,911	7,332

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,698	0	0	0	1,698
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,698	0	0	0	1,698
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	2	20,000	0	(a) 0	No. of Policies 0	0	0	0	2	20,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	2	20,000	0	(a) 0	0	0	0	0	2	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0





SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	2	40,000	0	(a) 0	No. of Policies 0	0	0	0	2	40,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	2	40,000	0	(a) 0	0	0	0	0	2	40,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	23,994	24,585	0	29,159	29,320
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	23,994	24,585	0	29,159	29,320
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,994	24,585	0	29,159	29,320

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....6



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,938	0	0	0	2,938
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,938	0	0	0	2,938
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	12,000	0	0	0	12,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	12,000	0	0	0	12,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11	100,000	0	(a) 0	0	0	0	0	11	100,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(10,000)	0	0	0	0	0	0	(2)	(10,000)
23. In force December 31 of current year	9	90,000	0	(a) 0	0	0	0	0	9	90,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	461	0	0	0	461
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	461	0	0	0	461
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	8,400	0	0	0	8,400
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	8,400	0	0	0	8,400
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	60,000	0	(a) 0	0	0	0	0	1	60,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	60,000	0	(a) 0	0	0	0	0	1	60,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,605	10,363	0	18,775	16,096
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,605	10,363	0	18,775	16,096
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,605	10,363	0	18,775	16,096

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	10,562	10,562	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	10,562	10,562	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,562	10,562	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....7 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	72,337	82,961	0	56,444	53,978
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	72,337	82,961	0	56,444	53,978
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,337	82,961	0	56,444	53,978

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....12



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	47,035	50,390	0	53,934	52,411
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	643,408,095	643,404,740	0	257,695,794	258,132,733
25.6 Totals (sum of Lines 25.1 to 25.5)	643,455,130	643,455,130	0	257,749,728	258,185,145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	643,455,130	643,455,130	0	257,749,728	258,185,145

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....78,367 and number of persons insured under indemnity only products .....11



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	(1)
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	(1)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	(1)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,008	0	0	0	1,008
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,008	0	0	0	1,008
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	1	250,000	0	(a) 0	No. of Policies 0	0	0	0	1	250,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	250,000	0	(a) 0	0	0	0	0	1	250,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	78,095	108,547	0	39,140	35,813
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	78,095	108,547	0	39,140	35,813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,095	108,547	0	39,140	35,813

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....10





SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	24,000	0	0	0	24,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	24,000	0	0	0	24,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	7,363	10,199	0	1,047	207
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	7,363	10,199	0	1,047	207
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,363	10,199	0	1,047	207

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....2



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	64,970,230	64,970,230	0	26,021,673	26,065,794
25.6 Totals (sum of Lines 25.1 to 25.5)	64,970,230	64,970,230	0	26,021,673	26,065,794
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,970,230	64,970,230	0	26,021,673	26,065,794

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....10,297 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,415	0	0	0	1,415
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,415	0	0	0	1,415
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	560,693	892,049	0	557,558	543,346
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	560,693	892,049	0	557,558	543,346
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	560,693	892,049	0	557,558	543,346

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....157



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,630	0	0	0	6,630
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	6,630	0	0	0	6,630
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	2,225	0	0	0	2,225
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,225	0	0	0	2,225
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	320,000	0	(a) 0	0	0	0	0	5	320,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(50,000)	0	0	0	0	0	0	(1)	(50,000)
23. In force December 31 of current year	4	270,000	0	(a) 0	0	0	0	0	4	270,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	50,615	53,703	0	28,074	26,203
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	50,615	53,703	0	28,074	26,203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,615	53,703	0	28,074	26,203

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....11



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	63,950	0	0	0	63,950
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	63,950	0	0	0	63,950
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1	5,000	0	(a) 0	0	0	0	0	1	5,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,646	0	0	0	5,646
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,646	0	0	0	5,646
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8	363,000	0	(a) 0	0	0	0	0	8	363,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	8	363,000	0	(a) 0	0	0	0	0	8	363,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	37,806	37,790	0	13,129	11,577
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	37,806	37,790	0	13,129	11,577
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,806	37,790	0	13,129	11,577

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....8



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	6,940	6,940	0	593	741
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	6,940	6,940	0	593	741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,940	6,940	0	593	741

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....2



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,989	0	0	0	1,989
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,989	0	0	0	1,989
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	5	195,000	0	(a) 0	No. of Policies 0	0	0	0	5	195,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	5	195,000	0	(a) 0	0	0	0	0	5	195,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	63,815	75,949	0	23,692	27,477
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	63,815	75,949	0	23,692	27,477
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	63,815	75,949	0	23,692	27,477

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....13





SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF   Oklahoma

DURING THE YEAR   2019

NAIC Group Code   1295

LIFE INSURANCE

NAIC Company Code   80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	144	0	0	0	144
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	144	0	0	0	144
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	14,300	0	0	0	14,300
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	14,300	0	0	0	14,300
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1	20,000	0	(a) 0	0	0	0	0	1	20,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	20,000	0	(a) 0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	4,405	5,233	0	734	(66)
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,405	5,233	0	734	(66)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,405	5,233	0	734	(66)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	87	XXX	0	XXX	87
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	87	0	0	0	87
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	15,000	0	(a) 0	0	0	0	0	1	15,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	15,000	0	(a) 0	0	0	0	0	1	15,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	67,263	82,729	0	55,200	56,259
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	67,263	82,729	0	55,200	56,259
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	67,263	82,729	0	55,200	56,259

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....14



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,592	5,229	0	960	1,062
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,592	5,229	0	960	1,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,592	5,229	0	960	1,062

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	100,000	0	(a) 0	0	0	0	0	1	100,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(100,000)	0	0	0	0	0	0	(1)	(100,000)
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	50,659	71,368	0	82,756	68,994
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	50,659	71,368	0	82,756	68,994
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,659	71,368	0	82,756	68,994

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....10



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	308	0	0	0	308
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	308	0	0	0	308
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	1	5,000	0	(a) 0	No. of Policies 0	0	0	0	1	5,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	45,225	50,591	0	28,171	30,712
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	45,225	50,591	0	28,171	30,712
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,225	50,591	0	28,171	30,712

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....6



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,896	0	0	0	3,896
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,896	0	0	0	3,896
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	8	780,456	0	(a) 0	No. of Policies	0	0	0	8	780,456
21. Issued during year	0	0	0	0		0	0	0	0	0
22. Other changes to in force (Net)	(3)	(550,439)	0	0		0	0	0	(3)	(550,439)
23. In force December 31 of current year	5	230,017	0	(a) 0	0	0	0	0	5	230,017

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	14,725	14,725	0	2,374	2,267
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	14,725	14,725	0	2,374	2,267
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,725	14,725	0	2,374	2,267

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....3



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,299	0	0	0	5,299
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,299	0	0	0	5,299
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	35,000	0	0	0	35,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	35,000	0	0	0	35,000
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	9	614,000	0	(a) 0	0	0	0	0	9	614,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(4)	(460,000)	0	0	0	0	0	0	(4)	(460,000)
23. In force December 31 of current year	5	154,000	0	(a) 0	0	0	0	0	5	154,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	175,541	204,400	0	90,372	87,941
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	1,673,479,761	1,673,450,902	0	670,256,870	671,393,332
25.6 Totals (sum of Lines 25.1 to 25.5)	1,673,655,302	1,673,655,302	0	670,347,243	671,481,273
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,673,655,302	1,673,655,302	0	670,347,243	671,481,273

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....299,194 and number of persons insured under indemnity only products .....30





SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF   Utah

DURING THE YEAR   2019

NAIC Group Code   1295

LIFE INSURANCE

NAIC Company Code   80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	0	0	0	0	0
2. Annuity considerations .....	0	0	0	0	0
3. Deposit-type contract funds .....	0	XXX	0	XXX	0
4. Other considerations .....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....	0	0	0	0	0
6.2 Applied to pay renewal premiums .....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....	0	0	0	0	0
6.4 Other .....	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....	0	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....	0	0	0	0	0
10. Matured endowments .....	0	0	0	0	0
11. Annuity benefits .....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts .....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	0	0	0	0	0
15. Totals .....	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full ...	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims .....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net) .....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	9,878	9,858	0	19,138	18,914
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5) .....	9,878	9,858	0	19,138	18,914
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	9,878	9,858	0	19,138	18,914

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....2



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	18,383	18,923	0	9,507	8,856
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	18,383	18,923	0	9,507	8,856
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,383	18,923	0	9,507	8,856

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....6



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,613	0	0	0	6,613
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	6,613	0	0	0	6,613
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	11	970,000	0	(a) 0	0	0	0	0	11	970,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(3)	(310,000)	0	0	0	0	0	0	(3)	(310,000)
23. In force December 31 of current year	8	660,000	0	(a) 0	0	0	0	0	8	660,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	74,062	74,102	0	54,475	53,033
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	74,062	74,102	0	54,475	53,033
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	74,062	74,102	0	54,475	53,033

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....21



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF   West Virginia

DURING THE YEAR   2019

NAIC Group Code   1295

LIFE INSURANCE

NAIC Company Code   80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	12,666	19,140	0	11,522	11,659
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	12,666	19,140	0	11,522	11,659
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,666	19,140	0	11,522	11,659

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....3



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,043	0	0	0	2,043
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,043	0	0	0	2,043
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	3	140,000	0	(a) 0	No. of Policies 0	0	0	0	3	140,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	3	140,000	0	(a) 0	0	0	0	0	3	140,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,899	0	0	0	2,899
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,899	0	0	0	2,899
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	4	400,000	0	(a) 0	No. of Policies	0	0	0	4	400,000
21. Issued during year	0	0	0	0		0	0	0	0	0
22. Other changes to in force (Net)	(1)	(150,000)	0	0	0	0	0	0	(1)	(150,000)
23. In force December 31 of current year	3	250,000	0	(a) 0	0	0	0	0	3	250,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,017	(3,705)	0	674	618
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,017	(3,705)	0	674	618
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,017	(3,705)	0	674	618

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2019

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	67,378	0	0	0	67,378
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	87	XXX	0	XXX	87
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	67,465	0	0	0	67,465
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	342,925	0	0	0	342,925
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	342,925	0	0	0	342,925
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	122	6,487,456	0	(a) 0	0	0	0	0	122	6,487,456
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(24)	(2,403,439)	0	0	0	0	0	0	(24)	(2,403,439)
23. In force December 31 of current year	98	4,084,017	0	(a) 0	0	0	0	0	98	4,084,017

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	6,044,495	7,305,327	0	5,301,171	5,317,387
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	6,145,758,885	6,145,045,505	0	2,461,946,520	2,466,120,903
25.6 Totals (sum of Lines 25.1 to 25.5)	6,151,803,380	6,152,350,832	0	2,467,247,690	2,471,438,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,151,803,380	6,152,350,832	0	2,467,247,690	2,471,438,290

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,025,013 and number of persons insured under indemnity only products 1,459